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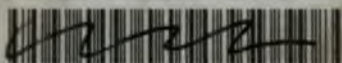
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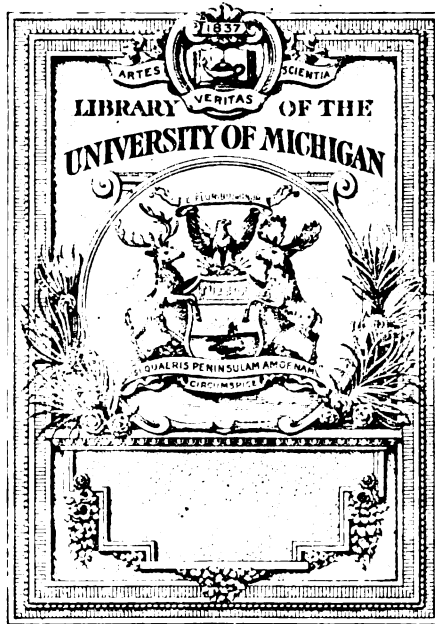
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Acute Articular Rheumatism.....	83
Aid to Anesthesia.....	170
Albuminuria, Extra-Renal.....	9
Alcoholism, Strychnin as a Remedy in, Asailed; Substitutes Offered.....	6
A Neat Method of Cauterizing Chan- croids and Dressing at One Operation.....	360
Anesthesia, Aid to.....	170
Anesthetic, A Superior Local.....	217
A New Idea Regarding Tuberculosis Advanced by Prof. Koch.....	357
A New Medical Journal.....	47
Antisepsis, Internal.....	218
A Persistent Fraud.....	47
Apomorphin.....	316
A Private Disinfecting Plant for the Country Doctor's Convenience.....	170
A Superior Local Anesthetic.....	217
Beginning and Ending of Centuries.....	1
Books, The Use of.....	167
"Bug Hunting".....	268
Butter vs. Cod-liver Oil.....	7

General Antidote for Poisoning.....	48
Genital Chancres.....	5
Goiter, The Treatment of, by Electricity.....	468
Grip.....	41
Group of Nerve Sedative.....	8
Hands, The Physician's.....	128
Headache.....	310
Hematuria.....	215
Herpes Preputialis, Differential Diagnosis between Chancr, Chan-croid and.....	4
Progenitals.....	3
Homeopathic Echoes.....	264
How to Get the Most Out of Us.....	45
Immunity, The Mystery of.....	44
Information on Sexual Matters Ten-dered the Loyal, an Error.....	268
Insomnia.....	87
Insufficiency, Renal.....	217
Internal Antiseptics.....	218
Is This Your Platform?.....	2

Strychnin as a Remedy in Alcoholism Assailed; Substitutes Offered.....	6
Substitution	454
Suffocative Catarrh of Children.....	46
Sulfocarbolates, The.....	262
Telephone Takes the Place of Nurse...	48
The Deadly Nursing Bottle.....	307
Deportment of the Physician.....	310
Gastritis of Young Children.....	261
Hygiene of Typhoid Fever in Country Practice.....	409
Mystery of Immunity.....	44
Nostrum Evil, Cure for.....	211
Passing of the Coroner.....	168
Pendulum Begins to Swing Back- ward on Calcium Sulfid.....	46
Physician's Hands.....	123
President's Case.....	405
Protection of the Perineum in Con- finement.....	360
Sulfocarbolates.....	262
Treatment of Eczema.....	315
Treatment of Gout by Electricity.....	453
Use of Books.....	167
Use of Quinin in Parturition.....	410
Young Doctor has Come.....	308
Therapeutic Nihilism.....	424
Thyroid Gland, Uses of as a Medicin.....	218
Treatment of Drug Neuroses.....	48
Tuberculosis, A New Idea Regarding, Advanced by Prof. Koch.....	357
Typhoid Fever, Disinfection of the Excreta in.....	126
The Hygiene of, in Country Prac- tice.....	499
Urinary Examination a Duty.....	86
Uses of the Thyroid Gland as a Medi- cin.....	218
Veneral Affections, Culpable Neglect of, by the General Practitioner.....	169
Vomiting.....	43

GENERAL INDEX.

Abdominal Problem, An.....	182
Tympany and Nervousness.....	189
A Calf with Mumps.....	231
A Careful Record of One Hundred Ob- stetric Cases.....	69
A Case Like Dr. Chapman's.....	434
Of Cancrum Oris, with Treatment. Of Diphtheria.....	508
Recovery After Extensiv Loss of Tissue.....	270
Of Choking.....	184
Of Diabetes Mellitus Cured with Opium.....	372
Acetanilid and Spts. Nitric Ether for High Temperature.....	819
A "Chill Season" Dream.....	366
Aconite, Bryonia, Sanguinaria and Sul- fur.....	438
A Criticism.....	375
Action of Large Doses of Quinin in Re- ducing Temperature.....	301
Acute Entero-Colitis, Cholera Infan- tum and.....	325
Adherent Placenta.....	105
A Discussion on Phosphorus.....	327
"A Doctor's Daughter," Reply to.....	465
Union.....	471
A Fluid Headache Mixture.....	206
After Treatment of Malaria.....	364

	PAGE
A Homely Suggestion for Use in Acute Conjunctivitis.....	59
A Homeopath Gives Hints as to "How They do it".....	432
A Homeopathic View of Calcium Sulfid.....	147
A Hydropathic Reply to the Test Case.....	439
Alaska, A Voice From.....	191
Albumin in Urin, the Latest and Most Accurate Method of Testing for.....	29
Alcohol Habit, Treatment of the.....	106
Alcoholism, Suggestive Therapeutics as a Help in the Treatment of.....	157
Alkaline Diathesis, the Acid and the.....	297
Alkaloidal Medication.....	149
Treatment.....	439
For Scarlet Fever.....	506
Allowable Doses of Strychnin.....	94
A Man Who Recognizes the Crisis as a Factor in Pneumonia.....	442
Amenorrhoea.....	425
A Monstrosity.....	273
A Mountain of Trouble.....	183
An Advocate of Lycopodium.....	436
Anencephalia, Cause of.....	25
An Encouraging Event.....	448
A New Defence in a Breach of Promise Suit.....	208
Disguise for Castor Oil.....	220
Anodyne Soporific.....	110
Another Crisis Man; They are so Few. An Illustrative Case.....	442
First Case of Serious Sickness in a Child.....	335
Test Case.....	412
Answers Criticised, The Editor's.....	429
Answer to Dr. Binnie Concerning Homeopathy.....	247
Anteversion and Ulceration of the Uterus.....	112
Antipyridin Incompatibles.....	203
Antisepto-eliminative Treatment, Typhoid Fever and.....	237
Antrum, Inflammation in the.....	515
An Unusual Case of Mumps.....	230
Obstetric Operation.....	69
A Point in Ethics.....	492
A Professional Card.....	177
Are Acetanilid and Sweet Spirits of Nitre Incompatible?.....	163, 181
A Record in Obstetrics.....	16
A Report of Three Cases of Surgical Abscess Successfully Treated with the Aspirator.....	226
A Request to Test Homeopathy.....	290
Arsenaurol, Three Cases of Diabetes Mellitus Cured with.....	331
Arthritis, Chronic Rheumatic.....	163
Asepsis and First Aid as "She is Practised" on Some of Our Railroads.....	59
A Severe Malarial Season.....	68
A Similar Case.....	440
A Skin Disease.....	138
As Mr. Dooley Would See It.....	474
Asthma, Did the Swallowed Copper Coin Cause the.....	280
Atrophy of the Penis and Testicles.....	111
Attacks of Sneezing.....	235
A Voice from Alaska.....	191
A Word from the Editor.....	361
Baby, What Ails the?.....	462
Bacteria, Normal Intestinal.....	301
Bad Breath.....	25, 50, 51, 90
And Colds, Chlorin for.....	48
Beer, Oat Meal Water vs.....	317
Belladonna for Sterility.....	193
Best All Round Febrifuge.....	68
"Big G" Injection.....	488
"Bilious" Headache.....	391
Birth of Modern Medicine.....	76
Blindness Attributed to Wood Alcohol.....	501
Blood Poison by a Rusty Nail.....	320
Blood Poisoning.....	371
Boils.....	276
Due to Nicotin Poisoning.....	335
Treatment of.....	247
Bores, How to Get Rid of.....	162
Bovine Contagion, Koch's New Theory of.....	411
Brain Trouble.....	199
Breach of Promise Suit, A New Defence in a.....	208
Breast Milk for the Child.....	195
Bromidrosis.....	278
Bronchitis, Etiology, Symptoms, Treatment (Table).....	27

	PAGE
Bronchitis, Was it Suffocativ?.....	163
Brothers and Mutual Helpers, Let us all be.....	250
Burns, For Cuts, Bruises and.....	281
Bust, Enlarging the.....	444
Hy-Issues in Phthisis, the Therapy of, from Dr. May's Recent Work.....	350
Calcium Sulfid.....	90, 91, 92, 98, 142, 146, 147, 180, 282
A Homeopathic View of.....	147
Experience With.....	146
Calls it a "Kindergarten" Case.....	436
Cancer, Quinin for.....	242
Treatment of.....	229
Caprum Oris.....	331
A Case of, with Treatment.....	270
"Canker Sore Mouth".....	288
Can Two Germ Diseases Exist in the Same Patient at the Same Time.....	115
Capillary Catarrh and "Suffocativ Catarrh".....	179
Carbolic Acid for Rattlesnake Poison.....	180
Carbuncle.....	276
Card, A Professional.....	177
Care of Instruments.....	488
Case Like Dr. Chapman's, A.....	434
Castor Oil, A New Disguise for.....	220
Cataporesis.....	329
Catarrh, Capillary and "Suffocativ".....	179
Milk Douche for.....	464
Of Children, Suffocativ.....	101
Who Can Cure This Girl's?.....	444
Cause and Treatment of Rheumatism.....	152
Of Anencephalia.....	25
Cerebro-Spinal Meningitis.....	142, 143, 190
Treatment Wanted for.....	111
Cervical Canal, Do not Curette the.....	102
Chancroid and Chancr.....	203
Treatment of.....	330
Chat.....	160
Chemical Compatibles in Prescriptions.....	102
Removal of Hair.....	344
Chilblains, For.....	142
Childhood, Insane Disorders of.....	504
Chills, Electricity for.....	96
Chlorate of Potassium for Puerperal Septicemia.....	68
Of Potash for Paris Green Poisoning.....	319
For Bad Breath and Colds.....	48
Water in Typhoid.....	157
Chlorine Water in Typhoid.....	510
Chloroform and Forceps, Frequent Use in Obstetrics Urged.....	275
Why Not?.....	321
Death from.....	371
Choking, A Case of.....	184
Cholera Infantum.....	373
And Acute Entero-Colitis.....	325
Cholelithiasis, What to Do and What Not to Do in.....	208
Christian Scientists Are Extra Hazardous Risks.....	76
Chronic Alcoholism.....	266
Biliousness.....	393
Constipation.....	195
Follicular Tonsillitis.....	196
Gastritis.....	364
Headache.....	271
Hepatic Congestion.....	200
Indolent Ulcers.....	190
Rheumatic Arthritis.....	183
Ulcer.....	24, 71, 148
of the Leg.....	240
Scraped Potato for.....	96
Cinnamic Acid for Tuberculosis.....	351
Circular Letter on Diseases of the Stomach.....	447
Circumcision, Cure of Contracted Prepuce Without.....	232
Method of Performing.....	232
Climatic Cure for Consumption.....	522
Personal Experience in the.....	522
Cocain for Earache.....	151
Code, Refers to the.....	441
"Cold Air in Large Doses".....	441
Cold Pack, Strychnin and the.....	443
Colds, Chlorine for Bad Breath and.....	48
Cold, What is a?.....	108
Collective Investigation of the Influence of the Silver Nitrate injection on Phthisis.....	447
Combination Saddle and Buggy Case.....	282
Combine for Protection.....	28
Comments.....	180
Notes, Replies and.....	266
Compact Emergency Outfit.....	371

	PAGE
Comparative Statistics.....	512
Conception, at What Period of Menstruation is it Most Liable to take place?.....	285
Favored by Cohabiting Immediately after conception.....	223
Favored by Position.....	223
in the Menopause.....	344
Conclusions, Shall We Jump at?.....	67
Conditions Following Meningitis.....	490
Congenital Syphilis.....	232
Congestion, Chronic Hepatic.....	200
Conjunctivitis, A Homely Suggestion for Use in Acute.....	59
Pink Eye, or Spring Catarrhal.....	197
Treatment for.....	159
Constipation, Chronic.....	196
Consumption, Climatic Cure for.....	522
Cure, Hoff's.....	117
Miner's.....	180
Personal Experience in the Climatic Cure for.....	462
Convulsions After Labor.....	418
Treatment and Prevention of Puerperal.....	469
Corrections.....	256
Country Doctor, The Telephone as an Aid to the.....	412
Cranial Hematoma in the New-Born.....	112
Croelin for Sterility.....	195
Criminal Abortion.....	291, 322
Croup.....	92
And Diphtheria.....	11
"Cuban Itch".....	24, 52, 54, 90, 136
A Case Vaccinated and Followed by two Attacks of the Disease.....	100
Discussion, Thoughts Suggested by the.....	99
Impetigo Contagiosa, or Smallpox?.....	136
Is Smallpox.....	51
Or Impetigo Contagiosa.....	253
Or Smallpox?.....	52
Smallpox or.....	97
So-called.....	130
Cured by Stroke of Lightning.....	189
Cure for Warts.....	232
Cure of Contracted Prepuce Without Circumcision.....	232
Curetment of Uterus.....	332
Curette, Use of the.....	176
Curetting.....	165
Dandruff and Falling Hair.....	445
Danger from the use of Strychnin in Inebriety.....	29
To Laity.....	352
Dead Beat, The Professional.....	422
Death from Chloroform.....	371
from Placenta Previa.....	270
of an Eminent Foreign Professor.....	257
Penalty Without Pain, The.....	282
Determination of Sex.....	66, 108, 143, 171, 173, 224, 334
Diabetes Mellitus.....	255, 269, 332, 373
in a Child of Five Years.....	111
Diagnosis and Treatment Wanted.....	287, 398
X-Ray in.....	145
Diarrhea.....	297
Of Children, Acute Dyspeptic.....	277
Did Morphin Addiction Cause the Death of the Child Before Birth?.....	242
Did the Swallowed Copper Coin Cause the Asthma?.....	280
Differences Between Human and Bovine Tuberculosis.....	400
Differential Diagnosis Between Psoriasis and Psoriasis Syphiloderm and Psoriasis.....	207
In Abdominal Enlargement.....	290
Of Biliary Calculi, Gastralgia, Intestinal Colic and Renal Colic.....	291
Of Hepatic Diseases.....	290
Of Pyelitis, Nephritis and Cystitis.....	291
Diphtheria.....	142, 188
A Case of.....	508
Antitoxin.....	115
Croup and.....	11
New Treatment for.....	64
Report of a Case of.....	182
Sudden Death One Week After.....	424
Treatment for.....	116
Was it?.....	275
Direction of the Current.....	329
Disagreeable Medicines, Elixir for Disguising the Taste of.....	161

	PAGE
Discharge of Semen Essential to Health in the Male, Is it?.....	399
Discoloration of the Tongue.....	28
Disinfection of Rooms.....	80
Dizziness.....	74
Doctor and Druggist Again.....	66
Doctor and Patron, Life Insurance for Both.....	14
Doctors and Morals.....	317
Does the Body Change Completely Every Seven Years?.....	23
Vaccination Modify Whooping Cough?.....	370
Vaccination Prevent or Modify Whooping Cough?.....	345
Do not Curette the Cervical Canal.....	102
Don't Deliver too Rapidly.....	510
Dosage of Fowler's Solution.....	430
Tables.....	166
Dose of Strychnin.....	152, 154, 180
Doubts.....	177
Dr. Chapman's Case.....	519
Dr. Chapman's Test Case.....	400, 476
Final Echoes of.....	472
Drink and Tobacco Habits.....	62
Dr. Kendrick's Test Cases.....	478
Druggist Again, Doctor and.....	66
Drug Habits, Strychnin in the Treatment of.....	61
Dry Throat.....	199
Dysmenorrhea.....	16
Dyspepsia with Flatulence.....	396
Earache, Cocain for.....	151
Specific for.....	68
Early Diagnosis of Smallpox.....	132
Echoes From the Test Cases.....	516
Eclampsia, Puerperal.....	418
Electic Reply to Test Case.....	438
Eczema, A Case of Obstinate.....	255
Ichtyol for.....	280
Is it?.....	202
Obstinate.....	526
Editor, A Word from the.....	361
Electricity for Chills.....	96
Electrolysis.....	469
Ellixir for Disguising the Taste of Disagreeable Medicins.....	161
Embryology.....	202
Emergency Outfit, A Compact.....	371
Empyema of the Antrum.....	185, 235
Emulsion of Iodoform.....	525
Encouraging Event, An.....	448
Enlarged Liver.....	199
Prostate.....	396
Tonsils.....	527
Enlarging the Bust.....	444
Epistaxis, For Obstinate.....	150
Lemon Juice in.....	160
Eruptive Diseases, Prophylaxis in.....	505
Erysipelas, Treatment of.....	240
Espey's Cream.....	488
Ethics, a Point in.....	492
Excessive Venery in a Female.....	71
Exophthalmic Goiter.....	415
Expectorant.....	148
Experience with Calcium Sulfid.....	146
Experiment to Prove that Malaria can be Caused by Mosquitoes.....	289
Explanation of "Potency".....	432
Explosive Mixtures.....	290
Extracts from a Personal Letter.....	376
Extract from Professor Robert Koch's Remarkable Address Before the British Congress on Tuberculosis.....	400
Extra Hazardous Risks, Christian Scientists are.....	76
Extreme Nervousness.....	527
Factory and Mine Practice.....	492
Falling Hair, Dandruff and.....	445
Fatal Bleeding From Incised Gum.....	504
Favorite Prescriptions.....	66
Febrifuge, Best all Round.....	68
Fecal Impaction, Injection for.....	208
Fee, the Obstetric.....	194
Fever.....	188
Final Echoes of Dr. Chapman's Test Case.....	472
Fistula in Ano.....	155
Flatulence, Dyspepsia with.....	396
Flexible Cloth for Splints.....	65
For Amenorrhea.....	299
Forceps, Increase in Experience Leads to Decrease in use of.....	264
in Labor.....	364

	PAGE
For Chilblains.....	142
Cuts, Bruises and Burns.....	281
Facial Erysipelas.....	299
Goiter.....	149
Indigestion.....	169
Form for Prescription Blank.....	32, 60, 61
Formaldehyde Declared Poisonous.....	207
For Obstinate Epistaxis.....	150
Tonsillitis, Pharyngitis and Throat Troubles.....	110
Four Cases of Placenta Previa in Five Months.....	154
Fowler's Solution, Dosage of.....	430
Fractures.....	68
French Methods to Increase Birth-rate.....	298
Frequent use of Chloroform and Forceps in Obstetrics Urged.....	275
From a "Hybrid".....	437
an "Orificialist".....	516
a Physio Medicalist.....	473
Three Points of View.....	439
Fun for the Doctors.....	106
Further Report on Typhoid Fever.....	416
Gall Stones.....	20, 281
Gasolene as a Skin Cleanser.....	207
Gastric Indigestion.....	291
Gastritis.....	250, 491
Chronic.....	364
Gelsemium in Gestation.....	281
in Grip.....	96, 140
General Expectorant.....	148
Genuine Small Pox.....	138
Gestation, Gelsemium in.....	281
Glandula Suprarenalis.—Adrenal. (Suprarenal Capsule).....	368
Glottis, Spasm of the.....	513
Goiter.....	388, 425
Treatment for.....	149
Gonorrheal Rheumatism.....	424
Gonorrhea, Systemic.....	11
Grip, Gelsemium in.....	96, 140
Homeopathy in.....	105, 140, 141
Mode of Dissemination of.....	113
Peculiar Conditions Following.....	487
Phosphorus for.....	142
Reply to Homeopathy in.....	140
Strychnin in.....	93
Haarlem Oil.....	283, 525
Hamlin's Wizard Oil.....	525
Hands, the Doctor's.....	175
"Hash".....	69
Headache.....	112, 397
"Bilious".....	394
Chronic.....	271
Mixture, a Fluid.....	206
Oxaluria as a Cause for.....	318
Treatment of.....	515
Health Laws, Work for Better.....	272
Resort, the Tubercular Patient at a.....	18
"Heart Burn".....	283
Help, Read This Before Asking for.....	388
Hematuria, Malarial.....	328
Hemorrhage from the Lungs, How Best to Check.....	116
into the Pancreas.....	280
Hemorrhagic Small Pox.....	252
Hemorrhoids.....	66, 148
Treatment of.....	106
"Herbs," Our Native.....	492
Herpes Genitalis, Eczema and.....	287
Hiccup, Remedy for.....	71
Higher Physiology, Humanology or.....	299
Hinds' Honey and Almond Cream.....	194, 488
His First Baby.....	17
Hoff's Consumption Cure.....	117
Homeopathic Journals.....	398
Reply to Queries.....	485
Homeopath, The Evolution of a.....	243
Homeopathy.....	378, 379, 421
Answer to Dr Binnie Concerning.....	247
A Request to Test.....	280
as a Therapeutic Specialty.....	339
How to Easily Try.....	431
in Grip.....	105, 140, 141
Regrets Departure From Strict.....	434
Something More of What it is.....	377
Homeopathic Treatment of Pneumonia Briefly Given.....	434
Horse-mint as a Diffusible Stimulant.....	68
How Best to Check Hemorrhage from the Lungs.....	116
Can This Man Gain Flesh?.....	490
Hoosiers Die.....	206
Shall Tuberculous Cattle be Disposed of?.....	28

	PAGE
How Shall We Meet Loud-Mouthed Pretenders.....	371
They do it," A Homeopath Gives Hints as to.....	432
to Disinfect Rooms.....	80
to Easily Try Homeopathy.....	431
to Frame a "Sheep-Skin".....	367
to Get Rid of Bores.....	162
to Meet Mean Competition.....	511
to Meet Quacks.....	413
to Pack the Uterus with Gauze.....	181
Humanology, or Higher Physiology.....	299
Human Sputum the Main Source of Human Tuberculosis.....	402
Hydrocele, Injection for.....	197
Hydrocephalus.....	174
Hydrogen Dioxide, Removal of Powder Stains with.....	297
Hydrophobia and Kindred Topics.....	187
Hyperchlorhydria.....	516
Hyperidrosis.....	346
Hypnotics.....	344
Hysteria.....	390
Hystero-Epilepsy, Is It?.....	394
If it is Small Pox, it is a New Kind.....	135
Immunity, Vital Force and.....	96
Impetigo Contagiosa.....	292
Importance of Examining the Spine.....	421
Impotence.....	241, 390
"In a Nutshell".....	129
Puzzling Cases, Don't Forget to Consider Syphilis as a Possible Cause.....	503
Incised Gum, Fatal Bleeding From.....	504
Incompatibility.....	240
Incompatible, Are Acetanilid and Sweet Spirits of Nitre?.....	163, 181
Increase in Experience Leads to Decrease in Use of Forceps.....	364
Index of Treatment.....	366
Indications for Phosphorus.....	435
Indigestion.....	154, 392
Two Cases of.....	113
Inebriety.....	276
Danger from the use of Strychnin.....	29
Treatment of.....	227
Infectious Diseases, Terse Reminders Concerning.....	113
Inflammation in the Antrum.....	515
Injection for Fecal Impaction.....	208
for Hydrocele.....	197
Insane Disorders of Childhood.....	504
Instruments, Care of.....	488
Intestinal Antisepsis in Typhoid Fever.....	193
Iritis Treated Homeopathically.....	476
Iron.....	149
Points in Giving.....	102
Irregular Menstruation.....	446
Is a Doctor's Highest Duty to His Spilitic Patient or to the Innocent Girl?.....	254
it Hystero-Epilepsy?.....	394
it Small Pox?.....	137
it Tumor of Cerebellum?.....	165
it Variola?.....	51
Man Susceptible to Bovine Tuberculosis?.....	402
Mystery in Medicin Desirable?.....	242
the Discharge of Semen Essential to Health in the Male.....	399
Itching and Stinging Sensations.....	493
It is not "Cuban Itch" but Small Pox.....	99
Jugulation of Pneumonia.....	92
Kennedy's Medical Discovery.....	389
"Kindergarten" Case, Calls it a.....	436
King's New Discovery.....	389
Koch's New Theory of Bovine Contagion.....	414
Labor, Convulsions After.....	418
Forceps in.....	364
Quinin in.....	241, 281, 322, 323, 364, 426, 470
Severing of Cord in the Uterus Before.....	17
Laryngeal Phthisis.....	298
Lemon Juice in Epistaxis.....	150
Let Us all be Brothers and Mutual Helpers.....	250
Life Insurance for Both Doctor and Patron.....	14
The Medical Examiners for.....	18

	PAGE
Life, The Art of Prolonging.....	48
Light as a Therapeutic Agent.....	520
Lightning, Cured by Stroke of.....	189
Liver, Study of the.....	317
London Cough Mixture.....	70
Loss of Virility.....	201
Lycopodium Again.....	438
An Advocate of.....	436
Why Some May Have Been Led to Prescribe.....	436
Malaria, After Treatment of.....	364
Can be Caused by Mosquitos, Ex- periment to Prove that.....	249
Mosquitos and.....	144
What the Authorities Say About the Treatment of.....	347
Malarial Hematuria.....	252, 265, 328, 365
Season, A Severe.....	68
Massage as an Occupation for the Blind.....	302
Masturbation, Results of.....	164
Mathematics, The Thirtieth Potency and.....	338
Mean Competition, How to Meet.....	511
Measles During Pregnancy.....	468
in Utero.....	273, 322
Medical Cults, The "Term of Truth" in Irregular.....	511
Medical Examiners, State Boards of.....	204
Guesses.....	90
Medical Names of Sumach Roots.....	345
Medicine and Morals.....	273
In the Nineteenth Century.....	76
Points in.....	316
Meningitis, Conditions Following.....	490
Menorrhagia.....	159
Method of Performing Circumcision.....	232
Of Relaxing the Perineum.....	420
Methylene Blue.....	33
Milk Douche for Catarrh.....	464
Mine Practice, Factory and.....	492
Miner's Consumption.....	190
Mode of Diminishing Danger of Rup- ture of the Perineum.....	469
Of Dissemination of Grip.....	113
Modified Smallpox.....	137
Morals, Doctors and.....	317
Medicine and.....	273
Morphin and Veratrum Viride for Puerperal Convulsions.....	362
Mosquitoes and Malaria.....	444
To Keep Off.....	425
Mouth Breathing, the Sin of.....	463
Mumps, A Calf with.....	231
An Unusual Case of.....	230
Communicated at a Dance.....	273
Municipalized Milk.....	296
Nausea and Vomiting.....	286
Nervousness, Abdominal Tympany and.....	189
Neuralgia, Obstinate.....	392, 428
Tissue Remedies for.....	472
Treatment for Obstinate.....	68
New Treatment for Diphtheria.....	64
For Smallpox.....	289
"Nigger Itch?".....	136
Nineteenth Century, Medicine in the.....	76
Normal Intestinal Bacteria.....	301
Salt Solution, Subcutaneous Infu- sion of.....	203
Nostril, Simple Way to Plug the.....	111
Nostrum, the Way to "Knock Out" a.....	229
Notes.....	171
Replies and Comments.....	266
Nymphomania.....	145
Oatmeal Water vs. Beer.....	317
Obesity, Phytolacca in.....	73
Obscure Stomach Trouble.....	389, 430
Obstetric Cases, A Careful Record of One Hundred.....	69
Operation, An Unusual.....	69
Record.....	104
Obstetrics.....	421
A Record in.....	16
Points in.....	346
Obstinate Eczema.....	275, 526
Neuralgia.....	392, 428
Oil of Sandalwood in Combination with Saw Palmetto.....	396
Oil of Turpentine for Ringworm.....	25
"Old School" and Homeopathic Practise Mingled.....	337

	PAGE
Oophorectomy, Profuse Hemorrhage and Pain Following.....	288
Operation Continued in Spite of Fire.....	319
For Producing Sterility in the Male.....	89
Opium, A Case of Diabetes Mellitus Cured with.....	372
And the Salicylates.....	254
Organotherapy.....	11
Orgasm in Woman.....	194, 323, 286
"Orificialist," From an.....	515
Oxaluria.....	317
As a Cause for Headache.....	318
Our Monthly Talk.....	37, 80, 120, 165, 210, 257, 306, 354, 408, 449, 493, 531
"Our Native Herbs".....	492
Painful Affections of the Sciatic Nerve, Potassium Cyanid, Report of two Cases.....	109
Micturition.....	76
Movements of Testicles.....	284, 319
Pain, What the Cause of the?.....	198
Papulo-Squamous Syphiloderm and Psoriasis, Differential Diagnosis Between.....	207
Paris Green Poisoning, Chlorate of Potash for.....	319
Patient and Disease in Pneumonia, Treat Both.....	13
Pauper Practise.....	282
Practical Points from an Old M. D.....	278
Peculiar Affection of the Eyes.....	393
Condition following Grip.....	487
Form of "Vertigo".....	485
Twin Pregnancy.....	174
Penis and Testicles, Atrophy of.....	111
Per Capita Consumption of Distilled Spirits in this Country.....	26
Perineum, Method of Relaxing the.....	420
Personal Experience in the Climatic Cure for Consumption.....	462
Pharyngitis and Tonsillitis.....	240
Phosphorus.....	437
A Discussion of.....	327
for Grip.....	142
Indications for.....	485
Why the Remedy in Dr. Chap- man's Case is.....	431
Phthisis, Collectiv Investigation of the Influence, of the Silver Nitrate Injection on.....	147
Physician's Wife Asks for Help From World Readers.....	528
Physio Medicalist, From a.....	473
Phytolacca in Obesity.....	73
Pimples on Forehead.....	489
Pink Eye, or Spring Catarrhal Conjun- ctivitis.....	197
Placenta, Adherent.....	105
Previa, Death from.....	270
Four Cases in Five Months.....	154
Plugging Nostril.....	142
Pneumonia, a Man Who Recognizes the Crisis as a Factor in.....	142
Etiology, Symptoms, Treatment (Table).....	27
Homeopathic Treatment of, Briefly Given.....	434
Jugulation of.....	92
The Rational Treatment of.....	32
The Test Case of, From an Eclectic Point of View.....	438
Transmission of.....	114
Treat Both Patient and Disease in.....	13
Treatment of.....	58, 59
with Erratic Temperature.....	234
Points.....	158
in Giving Iron.....	102
in Medicine.....	346
in Obstetrics.....	346
in Practise.....	22, 110
in Surgery.....	347
Poison, Snake, etc.....	73
Possible Gastric Cancer, or Ulcer.....	396
Post Partum Hemorrhage, Quinin and Potassium Cyanid in Painful Affec- tions of the Sciatic Nerve, Re- port of Two Cases.....	109
"Potency," Explanation of.....	432
Test of.....	433
Powder-Stains, Removal of.....	256
Practise, Points in.....	22
Pregnancy, Measles During.....	468
Quinin in.....	323
Renal Insufficiency in.....	267
Premature Ejaculations.....	446
Prepotency of the Sire, the Cumulative.....	425
Prescription Blank, Form for.....	32, 60, 61

	PAGE
Prescriptions, Chemical Compatibles in.....	102
Favorite.....	66
Present Bills to the Proper Parties.....	26
Preservative for Soft Rubber Pipes, etc.....	516
Pretenders, How Shall We Meet Loud- Mouthed?.....	371
Prevention of Stomach Curds.....	256
Prolonged Inter-Menstrual Period and Prolonged Gestation.....	168
Proper Dress While Disinfecting.....	117
Prophylaxis in the Eruptive Diseases.....	505
Prostatitis, Suppository for.....	274
Protection, Combine for.....	28
Puerperal Convulsions.....	363
Its Treatment and Prevention.....	469
Morphin and Veratrum Viride for.....	362
The Cause of A New Theory.....	509
Veratrum Poisoning in a Case of.....	362
Veratrum Viride for.....	323
Puerperal Eclampsia.....	418
Septicemia, Chlorate of Potassium for.....	68
Septicemia, Treatment of.....	158
Pulsatilla.....	335
Purpura, Rhubarb in.....	62
Psoriasis, Differential Diagnosis Be- tween Papulo-Squamous Syphi- loderm and.....	207
Quacks, How to Meet.....	413
Queries, Homeopathic Reply to.....	485
Queries Noted, September.....	426
Replies to.....	426
Quinin and Post Partum Hemorrhage.....	184
for Cancer.....	242
in Labor 241, 281, 322, 323, 364, 426, 470 in Pregnancy.....	323
Rabies, Transmission of.....	165
Rattlesnake Bite.....	152
Bites; Cure Whisky.....	100
Poison, Carbolic Acid for.....	180
Cured by Large Doses of Syrych- nin.....	94
Read this Before Asking for Help.....	388
Recognizes the Crisis.....	442
as the Great Factor.....	442
Reconstructive, Saw Palmetto as a.....	279
Refers to the Code.....	441
Regrets Departure from Strict Home- opathy.....	434
"Regulars," Replies from.....	385
Regurgitation of Food.....	391, 485
Removal of Powder Stains.....	256
with Hydrogen Dioxide.....	297
Renal Deficiency.....	218, 268
Irritation.....	317
Insufficiency in Pregnancy.....	267
Replies.....	11, 16
to Queries.....	426
from "Regulars,".....	385
to Test Case from Miscellaneous Sources.....	437
to Test Case from "Regulars,".....	440
Reply to "A Doctor's Daughter,".....	446
to "Homeopathy in Grip,".....	140
to "Sterility,".....	221
to the Editor.....	341
Report from Dr. Ballard.....	516
Report of a Case of Diphtheria.....	182
Rheumatic Arthritis, Chronic.....	163
Rheumatism.....	188, 249
Cause and Treatment of.....	152
Gonorrheal.....	424
Heart Affection in.....	74
Treatment of.....	151
Rhubarb in Pupura.....	62
Rhus Poisoning.....	425
Ringworm, Oil of Turpentine for.....	23
Rupture of the Perineum by the Shoulders.....	509
Mode of Diminishing Danger of.....	469
Salicylates, Opium and the.....	254
Saliva of Rabid Dog is Infectious Be- fore Appearance of First Sym- ptoms.....	236
Saturated Solutions.....	490
Tinctures.....	284
Saw Palmetto as a Reconstructive.....	279
Oil of Sandal Wood in Combina- tion with.....	396
Scarlet Fever.....	488, 506, 507
Alkaloidal Treatment for.....	506
"Schools," Young Men and the.....	373

PAGE	
School Uncertain.....	474
Scraped Potato for Chronic Ulcer.....	96
Scrofula and its Constitutional Treatment.....	19
Scutellaria.....	157
Septicemia, Chlorate of Potassium for Puerperal.....	68
Treatment of Puerperal.....	158
Serious Sickness in a Child, Another First Case of.....	385
Seven Sutherland Sisters' Hair Grower, "The Lucky Number Seven".....	194
Severing of Cord in the Uterus Before Labor.....	17
Sex.....	145
Determination of.....	66, 108, 143, 171, 178, 224, 384
of the Coming Baby, The.....	143
Sexual Appetite, Effect of Obstruction of the Vas Deferens on the.....	10
Impulse, The.....	144
Shall We Jump at Conclusions?.....	67
Peep Over Each Other's Fences.....	379
Shampoo Mixture.....	94
Shooting Accident.....	181
"Short on Diagnosis,".....	105
Shoulder Presentation.....	470
Similar Case, A.....	440
Simple Way to Plug the Nostri.....	111
Skin Cleanser, Gasoline as a.....	207
Disease.....	199
Eruption, A Persistent Irritable.....	397
Skullcap.....	114
Smallpox.....	51, 58, 55, 129, 133, 185, 251, 253
A New Treatment for.....	289
Circular by the Board of Health of Philadelphia in Relation to.....	460
"Cuban Itch" is.....	51
"Cuban Itch" or.....	52
Diagnosis of.....	193
Early Diagnosis of.....	132
Epidemic, The.....	459
Hemorrhagic.....	252
It is not "Cuban Itch," but.....	96
"Nit,".....	134
No.....	252
Or Cuban Itch: Which?.....	97
So-called.....	192
Sure.....	98
To Prevent Pitting in.....	132
Snake-bite, Sulfuric Acid, Locally, for.....	416
Whisky in the Treatment of.....	180
Snake Poison, Etc.....	73
Sneezing, Attacks of.....	235
So-called Cuban Itch.....	150
In Reality, Impetigo Contagiosa.....	137
Something More of What Homeopathy Is.....	377
Spasm of the Glottis.....	513
Specific for Earache.....	68
Spina Bifida.....	62
Spine, Importance of Examining the.....	421
Spinal, Flexible Cloth for.....	65
Spontaneous Version.....	321
Stainless Iodin Ointment.....	234
State Boards of Medical Examiners.....	204
Sterility.....	165, 197
Belladonna for.....	193
Creolin for.....	195
In the Male, Operation for Producing.....	89
Reply to.....	521
Suggestion for.....	223
Two Cases with Treatment and Results.....	221
Sterilization of the Male.....	144
Stimulant, Horse-mint as a Diffusible.....	68
Stings of Insects, Sulfuric Ether for.....	68
Stomach Curds, Prevention of.....	256
Trouble, Obscure.....	389, 430
Stomatitis Materna.....	196
Strychnia.....	99, 94, 148
Allowable Doses of.....	94
And the Cold Pack.....	443
Dose of.....	189, 152, 154, 180
In Grip.....	93
In the Treatment of Drug Habits.....	61
Rattlesnake Poison Cured by Large Doses of.....	94
What sized Dose is Allowable?.....	72
Study of the Liver.....	317
Subcutaneous Infusion of Normal Salt Solution.....	203
Successful in 100 Per Cent.....	441
Treatment for Typhoid Fever.....	418
Sudden Death One Week After Diphtheria.....	424
Suffocative Catarrh.....	101, 142

PAGE	
Suffocative Catarrh, Capillary Catarrh and.....	179
Of Children.....	101
Suggestion.—A Case.....	17
For Sterility.....	223
Suggestive Therapeutics?.....	289
As a Help in the Treatment of Alcoholism.....	157
Suicide in the Army.....	26
Sulfocarbolates.....	285
Sulfur, Aconite, Bryonia, Sanguinaria and.....	438
Sulfuric Acid for Poisonous Bites.....	243
Locally, for Snake-Bite.....	416
Sulfuric Ether for Stings of Insects.....	68
Sumach Roots, Medical Names of.....	345
Summer Diarrhea in Children.....	279
Diseases of Children.....	399
Superfluous Hair, the Removal of.....	161
Suppository for Prostatitis.....	274
Surgery, Points in.....	347
Surgical Abscess Successfully Treated with the Aspirator.....	226
Sweating Feet, For.....	298
Syphilis.....	253
A Possible Cause in Puzzling Cases.....	503
Congenital.....	232
Syphilitic Patient or the Innocent Girl, Is the Doctor's Highest Duty to His.....	254
Systemic Gonorrhea.....	11
Temperature, Acetanilid and Spirits Nitric Ether for High.....	319
Action of Large Doses of Quinin in Reducing.....	301
Terse Reminders Concerning Infectious Diseases.....	113
Test Case, a Hydropathic Reply to the 439	
Another.....	412
Eclectic Reply to.....	438
The.....	380
The Different Schools are Invited to Treat a.....	342
Treated by Light.....	440
Test Cases, Dr. Kendrick's.....	478
Testicles, Painful Movements of.....	234, 319
Retained in Abdomen.....	254
Testimonial Fiends.....	14
Test of Potency.....	433
The Acid and the Alkaline Diathesis.....	297
Art of Prolonging Life.....	48, 234
Cause of Puerperal Convulsions, A New Theory.....	509
Communicability of Tuberculosis Between Animals and Man.....	372
Cumulative Prepotency of the Sire.....	425
Curette.....	176
Different "Schools" are Invited to treat a Test Case.....	342
Doctor's Hands.....	175
Dose of Strychnin.....	139
Editor, Reply to.....	341
Editor's Answers Criticized.....	429
Effect of the Obstruction of the Vas Deferens on the Sexual Appetite.....	10
Evolution of a homeopath.....	243
"Germ of Truth" in Irregular Medical Cults.....	511
Great Factor, Recognizes the Crisis as.....	442
Latest and Most Accurate Method of Testing for Albumin in Urine.....	29
Medical Examiners for Life Insurance.....	13
Modern Doctor's Education.....	206
Obstetric Fee.....	194
"Pay Doctor".....	221, 272
Physician's Hand.....	175
Practice of Medicine as a Livelihood.....	266
Professional Dead Beat.....	422
Skeeter.....	177
Therapeutic Agent, Light as a.....	520
Specialty, Homeopathy as a.....	339
The Rational Treatment of Pneumonia.....	32
Removal of Superfluous Hair.....	161
Thermometers, Five Minute, One Minute, or Half Minute.....	287
Thermo Therapeutics.....	80
The Sex of the Coming Baby.....	143
Sexual Impulse.....	144
Sin of Mouth Breathing.....	463
Small Pox Epidemic.....	459
Telephone as an Aid to the Country Doctor.....	412
Test Case.....	330
Test Case of Pneumonia from an Eclectic Point of View.....	438

PAGE	
The Therapy of By-Issues in Phthisis from Dr. May's Recent Work.....	356
Thirtieth Potency.....	251, 280
Thirtieth Potency and Mathematics.....	388
Tobacco Habit.....	65
Tubercular Patient at a Health Resort.....	18
Way to "Knock Out" a Nostrum.....	229
"What is it?".....	191
Thiosinamin.....	185
Thoughts Suggested by the Cuban Itch Discussion.....	99
Three Cases of Diabetes Mellitus Cured With Arsenauo.....	381
of Surgical Abscess Successfully Treated with the Aspirator.....	226
Three Pairs of Twins in a Single Day.....	173
Three Points of View, from.....	439
Tobacco Habit, the.....	65
Heart.....	509
To Keep off Mosquitoes.....	425
Tongue, Discoloration of the.....	26
Tonsillitis.....	16, 187, 188, 426, 512
Chronic Follicular.....	196
Pharyngitis and.....	240
Treatment for.....	226, 426
Topics for Discussion.....	221
Hydrophobia and Kindred.....	167
To Prevent Pitting in Small Pox.....	132
To render Cod Liver Oil Palatable.....	298
Tick Found in Ear of Child.....	471
Tinnitus Aurium.....	145
"Tissue Remedies".....	415
for Neuralgia, etc.....	472
Transmission of Pneumonia.....	114
of Rabies.....	165
Treat Both Patient and Disease in Pneumonia.....	13
Treatment for Conjunctivitis.....	159
for Diphtheria.....	116
for Goiter.....	149
for Obstinate Neuralgia.....	68
for Tonsillitis.....	226, 426
for "Violent Sneezing".....	235
of Alcoholism, Suggestive Therapeutics as a Help in the.....	157
of Boils.....	247
of Cancer.....	229
of Chancroid.....	330
of Frysipelas.....	240
of Headache.....	515
of Hemorrhoids.....	106
of Inebriety.....	227
of Pneumonia.....	58, 59
of Puerperal Septicemia.....	158
of Rheumatism.....	151
of Snake Bite, Whisky in the.....	180
of Syphilis.....	253
of the Alcohol Habit.....	106
of Varicocele.....	150
Wanted for Cerebro-Spinal Meningitis.....	111
Trouble, A Mountain of.....	183
Tuberculosis, Cinnamic Acid for.....	351
Differences Between Human and Bovine.....	400
The Communicability of, Between Animal and Man.....	372
What Shall I Do With My Boy, Threatened with.....	521
Tuberculous Cattle, How Shall they be Disposed of?.....	28
Tumor of Cerebellum, Is it?.....	165
Twin Pregnancy, A Peculiar.....	174
Twins, Three Pairs in a Single Day.....	173
Two Cases of Sterility with Treatment and Results.....	221
Typhoid.....	93
Aborted.....	510
and its Antisepto-eliminative Treatment.....	237
Castor Oil in.....	71
Chlorin Water in.....	157, 610
Fever.....	324
Further Report on.....	416
Immediately Following Delivery.....	417
Intestinal Antisepsis in.....	193
Successful Treatment for.....	418
Typhoid Recoveries Amid Squalor and Filth.....	330
Vigorous Measures in, With Cure in Four Days.....	416
Ulcer.....	94
Chronic.....	24, 71
of Leg.....	95

	PAGE
Ulcer of the Stomach.....	372
Ulcers, Chronic Indolent.....	190
Umbilical Hemorrhage.....	324
Union, A Doctor's.....	471
Urin, The Latest and Most Accurate Method of Testing for Albumin in.....	29
Urinary Irregularity.....	527
Use of the Gurette.....	176
Uterus, Curement of.....	332
How to Pack with Gauze.....	161
Vaginal Suppositories.....	240
Varicocele.....	72
Treatment of.....	150
Variola, Is it?.....	54
Venery, Excessive in a Female.....	74
Ventilation.....	108
Veratrum Poisoning in a Case of Puer- peral Convulsions.....	362
Veratrum Viride.....	361
For Puerperal Convulsions.....	323
"Vertigo," Peculiar Form of.....	485
Vigorous Measures in Typhoid, With Cure in Four Days.....	416
Violent Sneezing.....	202
Virginia State Board of Medical Ex- aminers; Fall Meeting, 1900.....	348
Virility, Loss of.....	201
Vital Force and Immunity.....	96
Warts, Cure for.....	232
Was it Diphtheria?.....	275
Suffocative Bronchitis?.....	173
What Ails the Baby?.....	462
is a Cold?.....	108
is it? The.....	191
Man's Body Contains.....	110
Shall I Do With My Boy, Threat- ened with Tuberculosis?.....	521
Sized Dose of Strychnin is Allow- able?.....	72
the Authorities Say About the Treatment of Malaria.....	347
the Cause of the Pain?.....	198
to do and What not to do in Chol- erithiasis.....	208
Was the Cause of Death?.....	189
What's the Matter with Kentucky?.....	514
Whisky, Cure for Rattlesnake Bite.....	100
in the Treatment of Snake Bite.....	180
Who Can Cure This Girl's Catarrh?.....	444
Whooping Cough.....	283
Does Vaccination Modify?.....	370
Does Vaccination Prevent or Mod- ify?.....	345
Why Some May Have Been Led to Prescribe Lycopodium.....	436
Why the Remedy in Dr. Chapman's Case is Phosphorus.....	434
Wood Alcohol, Blindness Attributed to.....	501
Work for Better Health Laws.....	272
Would Apply Cold.....	443
Writing on Glass.....	161
Xeroderma, Is it?.....	285
X-Ray in Diagnosis.....	297
Young Men and the "Schools".....	373

BOOK REVIEWS.

Account Book, Physicians', The "Medical Council".....	528
A Child of Light, or, Heredity and Prenatal Culture.....	37

	PAGE
A Compend of Human Physiology.....	209
A Handbook of Diseases of the Eye.....	37
A Handbook of Materia Medica.....	303
American Text-book of Physiology.....	530
A Manual of Chemistry--Organic and Inorganic.....	35
A Manual of Hygiene and Sanitation.....	118
A Medico-Legal Manual.....	305
An American Text-book of Diseases of the Eye.....	306
A Syllabus of New Remedies and The- rapeutic Measures.....	530
A System of Physiologic Therapeutics.....	352
Atlas and Epitome of Labor and Oper- ative Obstetrics.....	354
Atlas and Epitome of the Nervous Sys- tem and its Diseases.....	354
Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis.....	529
A Text-book of Gynecology.....	303
A Text-book of Histology.....	34
A Text-book of Ophthalmology.....	210
A Text-book of the Practice of Medi- cin.....	358
A Treasure for Families.....	118
Clinical Pathology of the Blood.....	449
Crime of Credulity, The.....	581
Culbreth's Materia Medica and Phar- macology.....	120
Diseases of the Eye.....	36
Diseases of the Heart; Their Diag- nosis and Treatment.....	305
Diseases of the Nose and Throat.....	210
Of the Respiratory Organs.....	529
Disinfection and Disinfectants.....	118
Dr. King's Medical Prescriptions.....	306
Egbert's Hygiene and Sanitation.....	36
Essentials of the Diseases of Chil- dren.....	529
Of Refraction and of Diseases of the Eye.....	529
Fischer--Infant Feeding in Health and Disease.....	306
Handbook of Medical Gymnastics.....	118
Harrington's Practical Hygiene.....	530
History of Medicine.....	530
Hygiene, Harrington's Practical.....	530
International Clinics, Vol. III.....	117
International Clinics, Vol. IV.....	210
Introduction to the Differential Diag- nosis of Gall-stone Disease.....	209
King's American Dispensatory. New Edition.....	118
Laryngeal Phthisis, or Consumption of the Throat.....	209
Manual of the Diseases of Children.....	209
Of the Diseases of the Eye.....	37
Medical Hypnosis.....	304
Memoranda of Poisons.....	308
Merck's 1901 Manual of the Materia Medica.....	529

	PAGE
Nursing Ethics.....	302
Panama and the Sierras; A Doctor's Wander Days.....	306
Physician's Manual of Therapeutics.....	120
Account Book, The "Medical Council".....	528
Practical Surgery.....	353
First Principles.....	528
Urinalysis and Urinary Diag- nosis.....	306
Principles of Surgery.....	302
Progressive Medicine, Vol. III.....	34
Progressive Medicine, Vol. IV, 1900.....	119
Pulmonary Consumption, Pneumonia and Allied Diseases of the Lungs.....	304
? Quiz Compend? No. 16.....	35
Refraction and How to Refract.....	119
Retinoscopy.....	208
Ringworm in the Light of Recent Re- search.....	36
Saunders' Medical Hand Atlases.....	353
Schoolboys' Special Immorality.....	448
Sexual Hygiene.....	529
Stringtown on the Pike.....	118
Student's Edition, A Practical Treat- ise of Materia Medica and Therapeutics.....	119
The American Illustrated Dictionary.....	448
American Illustrated Medical Dictionary.....	34
Care of the Consumptive.....	35
Clipping File.....	306
Feeding of Infants.....	306
General Practitioner as a Special- ist.....	448
Hospitals of Japan.....	448
Hygiene of Transmissible Dis- eases.....	449
International Medical Annual.....	304
Legal Status of Doctors.....	530
Medical Examinations for Life Insurance, and its Clinical Methods.....	35
Medical News Pocket Formulary, Third Edition.....	304
Medical News Visiting List for 1901.....	36
Practice of Medicine.....	36
Physician's Visiting List.....	36
Student's Manual of Venereal Dis- eases.....	209
Technic of Surgical Gynecology.....	303
Treatment of Fractures.....	119, 210
Tropical Diseases.....	117
Tuberculosis: Its Nature, Prevention and Treatment.....	35
Uric Acid as a Factor in Causation of Disease.....	34
Urinary Diagnosis and Treatment.....	305
Uterin Fibromyomata.....	304
What a Man of 45 Ought to Know.....	302
Womanly Beauty of Form and Feat- ure.....	302

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stone.—FROUDE.

The Medical World

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1893, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

ERE we meet again in these columns the 19th century will have past away, and the 20th century will be begun. Did you ever think how many people are born and die between the mile-posts and never witness the birth of a new century? It is a privilege that none of us can live to enjoy a second time.

The tendency to review the old century and prophesy concerning the new one is a natural one, but we will not indulge it here. So much of it has already been done, and so much more will be done in these closing days, that we will not add to the burden of thought in that direction.

Centuries are made of just ordinary days like to-day or yesterday. If a century is to be great, its *days* must be great, and we must make them so.

The beginnings and endings of centuries are arbitrary. It is only Christendom (a minority of humanity) which is now having a closing of a century. In fact, each day might be considered the ending of a century. However, our present arrangement is not only convenient, but *some* such arrangement is necessary. Thus we have time mark off in centuries, years, months, weeks and days; but the only *natural* divisions are days, lunar months and years.

Shall we substitute the customary New Year resolutions with *New Century* resolutions this year? Who will be so brave?

Is This Your Platform?

While it is always a good time to subscribe for a good medical magazine, it is in this month that the editor's "fancy lightly turns to thoughts of" new subscribers, more particularly than at other seasons. Our plans have been laid, and are now in process of execution, whereby our magazine will be better in 1901 than ever before in its history. Doubtless you have also laid plans. Have many of them taken on the guise of striving to be a better doctor, of taking more journals and of reading them more faithfully, of buying new books and digesting them thoroly, of living more in the light of the dawn of twentieth century medicin and less in the darkness of arrogant empiricism of past years, of being less dead and more alive, of mastering the latest books while devouring the current medical literature, of condemning the writings of others less and bettering the truth by writing more yourself, of patching up that old quarrel with your opponent, of increasing your revenue by corraling dead beats so that your own bills will not stare you so long in the face, of joining the local and national organizations which are striving for the betterment of medicin? These things have made uneasy our head for some time past, so that we might make a rosy path for you in 1901. Are our efforts appreciated? Then get us a new subscriber; write us some of your successes and some of your failures. You have a few prescriptions you "swear by"; send them to us. Never mind the ones you have sworn at. After you get thru "resoluting," then act, quickly, decisively, and continuously thru the year. With best wishes for every WORLD reader, we will only say again, let us hear from you soon and to the point.

Exaggeration.

We love the enthusiastic man; he who has the "push" and energy to make things "hum." When we become seriously ill, we want an enthusiastic doctor to attend us. All the advances in art, civilization, mechanical triumphs, war, peace, and blessed medicin, have been made by enthusiastic men. Yet enthusiasm is seldom found absent from a tendency toward exaggeration; and such trend is deplorable and unfortunate.

Exaggeration in children is designated as lying; in the grown up professional man it is none the less so. The child exaggerates thru a desire for self exaltation; and the motif in the grown up person is the very same. In a layman, it is bad enuf; but in a physician it is almost or altogether criminal. We all know physicians who are continually having "terrible" cases, and who are always "rusht to death." It generally takes them an hour of their valuable time to tell the garrulous old women, who love to listen with gaping mouths, of some new and "terrible" case, even tho they "can not get time to eat." It is such men who label every case of simple fracture as a "very complicated case," and who term all cases of tonsillitis, "severe diphtheria." The fact that they worry both patient and friends does not influence them in the least. The fact that their words are deliberate untruths does not disturb their equanimity. The child who exaggerates, lies; and is reprov'd. The doctor who lies, along such lines, is revered by the laity as a great and wonderfully skilful man. Yet what must be the mirror of that man's inner soul? They can not help knowing that they are the objects of ridicule by sensible practitioners and by the more intelligent laity.

Dr. N. Senn has been announced as the Lecturer on Military Surgery in the University of Chicago. The opening course will be given with next fall's curriculum.

Herpes Progenitalis.

This rather insignificant genito-urinary affection is deserving of more attention than is usually devoted to it on the part of the physician. It is often very obstinate; indeed is occasionally incurable. The separate attacks are readily cured, but the eruption is prone to recur after coitus or any incidental irritation from clothing or perspiration. The patient, especially if he has subjected himself to the possibility of infection, will certainly insist upon the gravity of the case. Unless rapidly cured, and especially if his trouble be made light of, he will probably seek another doctor. Should the second practitioner have a little more diplomacy, tho less honesty, than yourself, the cure will be rapid and you will have lost a patient.

Predisposition to the eruption is caused by the neurotic or uric acid tendency; locally, the exciting cause may be any irritation, such as retained smegma, uncleanness, phimosis, excessive coitus, existence of a specific discharge or contact with such a discharge in another, prolonged contact with irritating vaginal or uterin discharges, even tho they be non-specific. Often in obstinately recurring herpes progenitalis a complete cure is obtained by circumcision, even tho there be no markt phimosis present.

The eruption appears suddenly as a group of vesicles mounted upon inflammatory bases upon the skin or mucous surface, and accompanied by itching and burning. The surface of the vesicles is soon denuded, and small erosions remain. A mild balano-posthitis usually complicates the herpes, but occasionally it becomes severe enuf to occasion the suppurating buboes seen in gonorrhea and chancroids. While not often causing severe pain, the herpes are occasionally productiv of intense suffering resembling that of severe herpes zoster. To this variety is applied the term neuralgic herpes. In most cases there is a distinct interval between the attacks, but in rare cases one attack follows

another with such rapidity that new vesicles form as soon as the older eruption heals.

When seen in the early stages, the diagnosis is easy if we remember that they appear suddenly after irritation or without known cause; burn and tingle constantly; and have but slight serous discharge from a red base. If seen in the vesicular stage, before maceration occur, no confusion with other genital affections is probable. After erosion takes place the differential diagnosis between chancroids, chancre, mucous patches, and simple balano-posthitis, is more difficult. The lesion of herpes is superficial, multiple, circular, is not indurated, rapid in development, does not spread, has a moist red surface, has only a slight serous discharge which is often noticeable only on pressure, and they heal rapidly if kept clean and well dusted with mild antiseptic and astringent powders.

Perfect dryness, protection from irritation, cleanliness, and mild astringents and antiseptics make up the most promising treatment. The cleansing fluid may be carbolic acid solution, 1 to 60; bichlorid of mercury solution, 1 to 5000; creolin solution, a dram to six ounces; or a 50 per cent. solution of hydrogen peroxid in water. After cleansing, the lesions are painted with silver nitrate, 10 grains to the ounce of water; dusted with zinc oxid, bismuth subgallate, aristol, europhen, or with a powder composed of boric acid 1 part, zinc oxid 2 parts, acetanelid 2 parts; and covered with a thin layer of absorbent cotton. This cotton must be kept dry, and changed often, tho not moist. If there be any evidence of neurotic or rheumatic tendencies, it is well to give appropriate treatment. The neuralgic form is rather intractable, but is best handled by thoro cleansing, dryness, silver nitrate solution, and the application of the following ointment:

R
 Cocain hydrochlorate gr. xij
 Menthol gr. j
 Lanolin dr. iv

In rare cases, galvanic electricity will

Differential Diagnosis between Chancre, Chancroid and Herpes Preputialis.

Chancre.	Chancroid.	Herpes Preputialis.
<i>Origin</i> :—Due to inoculation with blood or lesion discharges of a syphilitic.	Due to Inoculation with the discharge of a chancroidal sore. Possibly caused by pus from other sources.	Due to :—(1) Mechanical irritation, as in sexual intercourse. (2) Chemical irritation, such as produced by acrid discharges or by uncleanness. (3) To neuroses; often following fever, and particularly occurring in syphilitics.
<i>Incubation</i> :—From ten days to eight weeks. Average about three weeks.	No definit period. It may not be noticed for two or three days.	None.
<i>Situation</i> :—Generally on the genitalia. Often on lips, nipples or hands.	Generally on glans penis and prepuce; rarely on other genital surfaces. Seldom on any other part of the body.	Generally on the glans penis and the inner layer of the prepuce.
<i>Number</i> :—Single; at times simultaneously multiple.	Frequently multiple; often on opposing surfaces by auto-inoculation.	Multiple; often ultimately confluent.
<i>Beginning</i> :—Begins as an erosion, papule, tubercle, or ulcer. May remain without ulceration thru its entire course.	Begins as a pustule or an ulcer. Always ulcerates.	Begins as a group of vesicles, which may coalesce or may ulcerate singly.
<i>Shape</i> :—Round, oval, or symmetrically irregular.	Round, oval, or unsymmetrically irregular, with border described as segments of large circles.	Irregular, circinate borders, representing segments of small circles; sometimes serrated.
<i>Depth</i> :—Usually superficial, cup shaped, or saucer shaped, or may be elevated.	Hollow, excavated, or "puncht out."	Superficial.
<i>Surface</i> :—Smooth, shining, dusky red, glazed; diphtheritic membrane, or scab or epithelial crusts.	Rough, uneven, "worm eaten," warty, grayish, pultaceous sluf.	Bright red superficial granulations, sometimes covered by diphtheritic membrane.
<i>Secretion</i> :—Scanty, serous, seldom auto-inoculable, except in cases of mixt infection, when a chancroidal sore may be produced. On squeezing can not press out a discharge.	Abundant, purulent, readily auto-inoculable.	Only moderate secretion, auto-inoculable with difficulty. On squeezing, a small serous drop exudes. When this is wiped away, another drop can be prest out. This can be repeated several times.
<i>Induration</i> :—Almost always present: firm, cartilagenous, or parchment like; sharply circumscribed; movable upon subjacent parts. Prolonged pressure by the examining fingers does not produce any change in it; usually persistent; gradually disappears under specific treatment.	Only exceptionally present. Due to caustics or other irritants, or to simple inflammation; boggy; inelastic; shades off into surrounding parts, to which it is adherent; disappears soon after cicatrization. Prolonged pressure causes changes in shape, such as are noted in edema.	Same as any local ulcer.
<i>Sensibility</i> :—Very rarely painful.	Often very painful.	Often painful.
<i>Course</i> :—Progressively towards a cure, the sore often healing spontaneously. Relapses and phagedena are uncommon.	Irregular; may cicatrize rapidly or may extend. Relapses and phagedena not uncommon.	Easily and quickly cured. Sometimes spreads by appearance of successive crops of vesicles. Lesions preserve the polycyclic form. Likely to recur, especially in syphilitics and in uncleanly persons with long foreskins.
<i>Histology</i> :—A new cell growth. Very little destruction of tissue. Scrapings often show more or less epithelium.	An ulceration, with more or less loss of substance. Scrapings show granulation tissue.	Originally an elevation of the epidermis in spots by an effusion of serum.
<i>Bubo</i> :—Constant, painless, multiple, generally bilateral.	Appears only in one-third of the cases. Painful, inflammatory, single, or a single one on each side.	Rare. When it does occur, painful, inflammatory, single or a single one on each side.
<i>Prognosis</i> :—Good locally; ulceration is at expense of the infiltrate; hence there is little ultimate scarring. Constitutional syphilis follows in the great majority of cases. In a few, it may not appear, or may be prevented from appearing by treatment.	More serious locally, for there is tissue destruction. May refuse to heal, or become phagedenic. Is never followed by syphilis unless it is a mixt infection.	Always good. Recurrences are frequent, especially in syphilitics. (The herpetic chancre closely simulates herpes preputialis.)
<i>Treatment</i> :—Excision when seen early; other purely local treatment is ineffectiv.	Proper local treatment is curativ.	Local treatment is curativ. Tendency to spontaneous cure.

relieve; but occasionally no treatment seems to avail. In such case, use anodynes, and promise relief in five to ten days.

When a patient comes to you with a history of repeated failures at the hands of other physicians, it is well to vary the classical treatment by the following modifications: First, try prophylaxis. After one attack has subsided under the treatment outlined above, have him use frequent applications during the interval between attacks, of aqueous solutions of hydrastis, 1 to 5; or water saturated with alum while hot, and applied frequently; these may be carried in the pocket in a small vial. After coitus, or exposure to any irritation, cleanse carefully without force, use the lotion, and follow by dusting with compound stearate of zinc (McK. & R.); orthoform; bismuth subgalate; or carbolized talcum powder.

Tone the system with arsenic; bichloride of mercury; peptonized iron and manganese; strychnin, etc. Regulate the bowels. See that the urin is normal and unirritating. Quiet the nerves with bromides and valerianates. Assure the patient, and give him all the attention he thinks he needs, and charge him for it; he will get better, and you will be less worried and much happier, and will have a better bank account.

It is the little things over which most patients exhibit greatest concern. Many a man would lay quiet thru an attack of typhoid who would make life miserable for himself and a dozen doctors with one little attack of herpes progenitalis. Be diplomatic as well as thoro. We append a table on differential diagnosis taken from White and Martin's Genito-Urinary and Venereal Diseases. Master it; many a man is condemned to a three-year course of mercury which he never needed, and a life time of celibacy and misery afterward, which he has never deserved: all because of carelessness or ignorance on the part of some doctor. When you are sure you have

herpes preputialis, be able to confidently give reason for the belief that is in you. But, as you value your peace of mind, never confuse it with a genuine chancre; for there is but little to which you may turn for consolation in after years. Ignorance in medicin is no more of an excuse than is ignorance in law.

Extra Genital Chancres.

While syphilis is *the* great disease of the world, and has been thru all history, it is only of late years that any attention has been paid to the poor victim's assertions of innocency. In his doctor's eyes, the chancre condemned him, and he "went hung" in the worthy practitioner's opinion, not alone as a syphilitic, but also as a brazen liar. Perhaps the "water-closet" story had become stale; perhaps, and more likely, our egotism and ignorance blinded us.

Certain it is that extra-genital chancres, which were formerly so rare, are rapidly becoming distressingly common. They are found in locations which preclude the suspicion of unnatural practices; they are observed on the lips and in the throats of irreproachable women; they are not rare in the aged in whom sexual passion is but a memory. Little wonder our attention is impelled. While none but the physician in activ practise imagins the extent of the hold which syphilis has upon our people, very few physicians have appreciated the gravity of the actual conditions confronting us. It is said that in Germany, when a physician examines a strange patient, he does not ask, as we do, "Did you ever have a chancre?" but puts his question thus: "How long since you had a chancre?" In a slang phrase, we will soon be "up to it."

One may be ever so familiar with the ordinary appearance of the genital chancre, and yet make a disastrous mistake when he finds one in another locality. If he finds a sore which is not a chancre, and he call it a chancre, trouble comes; if

he find a chancre and calls it something else, he might wish he had never been born. The diagnosis of extra-genital chancre is one of the most difficult in medicine, especially if our minds are prejudiced by previous knowledge of the patient or his or her standing in the community. We can only act the impartial judge, as the old Roman father who condemned his own son to death, and it is entirely within the bounds of possibility that some of our readers may face the problem of such condemnation. It is true that respectability will not counteract the specific virus, and it is equally true that syphilis apes every other known disease. All one may do, in diagnosis, is to remember that no known condition or disease precludes the possibility of a complicating syphilis, whatever the symptoms may indicate as the proper nomenclature.

Not only because of the consequences of error, but because it is now a recognized fact that syphilis, originating from an extra-genital sore, is much more likely to be severe than when taking origin in sexual intercourse, does it behoove us to be most cautious. Learn the literature of the chancre well, remember it and act in every case with discretion.

The treatment of the extra-genital chancre, and its secondary phenomena, does not differ from the treatment of the disease originating elsewhere. We have but two reliable drugs: mercury in some form, and the iodide of potassium. All the rest of the host commended by regular, eclectic and homeopathic, are but adjvants or delusions.

Strychnin as a Remedy in Alcoholism Assailed; Substitutes Offered.

We have so few remedies of undoubted and universal efficiency in indicated cases, that one always feels regret when he is compelled to permit himself to doubt the wisdom of continuing to use them. Yet some one has said, "Always doubt your doubts, and believe your beliefs; and

never make the mistake of doubting your beliefs or believing your doubts." It may be that some of us have thus erred. Strychnin as a cure for the liquor habit has been assailed; perhaps justly, but possibly wrongly. This drug has rendered valiant service in the hands of regular, homeopathic, eclectic and quack, in treatment of tobacco and alcoholic habitues. We hope the growing sentiment is in error. Yet we believe in "hewing to the line, let the chips fall where they will." If strychnin be responsible for the things charged against it, and if the recorded cases were not those of idiosyncrasy toward the drug, then let it pass from our armamentarium into the host that have been well tried and then past into oblivion.

So far, no doubt as to its employment being advisable in cases of the tobacco user have reached us; yet if it act so injuriously in cases of the drunkard, may not its use in the tobacco habit be questioned and investigated?

Dr. E. P. Hershey, in the Denver Medical Times, reports success in destroying the craving for alcohol by the use of $\frac{1}{4}$ grain of pilocarpin three times a day. He reports six cases thus treated, with universal success. It is said to be much preferable to strychnin in such cases. Salicylate of sodium has been put forward by another observer as an efficient drug for use in such conditions; the latter claim being strengthened by Haig's observations regarding its value in treating the opium habit.

While we regret the passing of a once trusted agent, we rejoice in the fact of two promising substitutes being tendered. The mere fact that strychnin has been placed under suspicion should encourage all our readers to thoroly try the other drugs. So soon as you have thoroly tried them, please report impartially either success or failure. The army of WORLD readers can furnish valuable testimony in a very few weeks.

The free sweating often following the administration of pilocarpin must not be forgotten or overlooked; warn the patient; remember the old dosage and limitations of the drug, and proceed fearlessly in the interests of humanity and science. Sodium salicylate may be pushed to 60 grains three or four times daily; dilute well and follow with copious drafts of water.

Butter vs. Cod-Liver Oil.

One of our exchanges devotes considerable space to the theory that butter may be made to take the place of cod-liver oil. We do not believe that they could be interchanged with advantage either as articles of diet or as medicine. While both are oils, both have properties peculiarly their own, even tho both have constituents in common. The major reasons advanced by our contemporary as to why butter should replace cod-liver oil are that: (1) It is cheaper; (2) It may be given *ad libitum*; (3) It protects the system against the influence of cold. Admitting all of which one hardly considers the point proven.

Numerous articles along similar lines have appeared in journals, and we find that many physicians are thus learning to look upon cod-liver oil as a mere fat that may be substituted with any fatty or oily substance. When such a belief gains ground, it is well worth our consideration since the value of cod-liver oil has been well proven. We have too few reliable medicaments to permit the escape of even one. We are glad to admit the value of butter as a food and as a medicine (see *WORLD*, September, 1900, page 331), but we insist that it is entirely different from cod-liver oil in action, food value, and therapeutical properties.

Butter is the oily portion of the milk of mammalia obtained from the fat globules by a process of agitation. It is made up of the glycerides of oleic, palmitic, and stearic acids (insoluble), and the glycerides of butyric, caproic, caprylic, and

capric acids (soluble). The insoluble acids are present to the extent of 88 per cent., and the soluble acids to the extent of 6 per cent. The specific gravity is .910 to .914, and the melting point varies from 85° to 92°F. Artificial butter has less of the stearic acid, and requires a higher temperature before melting.

Cod-liver oil is the drippings, or steamed out fat, of the liver of the codfish. It contains oleic, margaric, butyric, and acetic acids; and glycerin, gaduin, biliary principles, iodine, chlorine, bromine, phosphorus, phosphoric acid, and various other substances (Wood), many of which are not found in butter. It is not proven that the oil of the liver of the codfish has any superior qualities over the fat from the liver of any other species of fish; but the past history of the medicament and even the most meagre clinical experience indicates that it is a valuable medicine. No substitute for it has ever been found. It seems that here synthetic chemistry is baffled by the workings of nature's mysterious physiological laboratories; science may produce the constituents of the oil, certainly, but when mixed they do not make cod-liver oil, nor does their artificial product produce the well known clinical results attained by the natural product. Efforts have been made to combine the synthetic alkaloids corresponding to the natural alkaloids found in the true oil, on the theory that only the alkaloids were therapeutically active. The combination was easy, but the results were practically nil. "Cod-liver oil has some influence upon nutrition not shared by ordinary fatty matters; it is an alterative." (Wood.) The intense efforts exerted to find a substitute have only demonstrated that the virtues of the oil depend upon some weird mystery of nature by which she defies all efforts to separate the constituent parts, and insists upon the remedy being given as a whole combination of her own.

Cod-liver oil checks cellular hyperplasia and hence is used in enlarged glands, and

in all forms of the manifestations of the scrofulous diathesis. The same tendency invites tuberculosis, and hence the oil is here indicated. In defective nutrition, with loss of strength, pallid features, anemia and emaciation, cod-liver oil generally acts well, whatever the cause. In dyscrasias resulting from chronic diseases, marked benefit is noted from its administration. In the cachexia of tertiary syphilis no equal has been found. Few practitioners ever think of it in connection with chronic rheumatism, yet it was in this disease that its first triumphs were scored. Do not fail to use it in all cases of obstinate sciatica and lumbago. It is a valuable adjunct to modern treatment of skin diseases, nervousness and neuralgia. Almost any, or better said, every case of acute or chronic disease dependent upon or connected with defective nutrition, is benefited by the judicious administration of the oil; provided, only, that perfect digestion of the oil be secured. Begin with small doses, given two hours after meals, when the food is passing from the stomach to the intestines, where all fats are digested. If given before, with, or after meals, you risk derangement of stomachic digestion. Increase the dose, while watching the stool, until fat globules are noted in the feces; you have then reached the limit of the system, and must slightly withhold dosage.

We did not start to write any eulogy upon cod-liver oil; it will never need one. We are not interested in any cod-liver oil industry; but our memory, our sense of justice, our gratitude for past results and our assured hope of future benefits, impels us to defend this old and reliable friend.

We wish every success for butter; but in therapeutics, as in any field of action, we dislike seeing any drug forced to win its way to prominence over the discarded remnants of its superiors. We shall "hold fast to that which is good" till something better is proven. Any fat, ingested and digested, tends to promote

the deposition of fat in the system; but a given fat may do this and another given fat may do much more: i. e., may also act as a valuable therapeutic agent along other lines than the increase of adipose tissue.

Butter has the advantage in the matter of satisfaction of taste, to most people (tho we know many who would as lief take cod-liver oil as butter), yet cod-liver oil, if pure and properly prepared, is not more nauseous than many other commonly used medicins. There is no more excuse for giving rancid oil than for eating rancid butter.

Group of Nerve Sedatives.

Many practitioners feel that their armamentarium is exhausted in nervous cases when they have tried the various bromids, valerian in some form, and perhaps camphor. Each of the following drugs has nerve sedative properties, and as nervousness seems in many cases idiopathic and in every case truly distressing, one is justified in extending his list so as to include a wider field of therapeutics.

Acetanelid,	Codein,
Acid hydrobromic,	Conium.
Acid hydrocyanic,	Duboisin sulfate,
Acid valerianic,	Eserin,
Allyl tribromid,	Ether,
Amylene hydrate,	Ethyl bromid,
Amyl nitrite,	Ethylene bromid,
Anemonin,	Gallo-bromol,
Antipyrin,	Hyoscin hydrobromate,
Antispasmin,	Hyoscyamus,
Bromalin,	Hyoscyamin,
Bromids, common	Lactucarium,
Bromipin,	Lobelia,
Bromo-hemol,	Morphin,
Bromoform,	Narcotin,
Butyl chloral	Paraldehyde,
Cæsium ammonium bromid,	Peronin,
Camphor,	Scopolamin hydrobromate,
Camphor monobromate,	Solanin,
Cannabin tannate,	Stramonium (tincture),
Celery,	Sulfonal,
Chloral hydrate,	Urethane,
Chloroform,	Valerianates,
Cocain,	Validol.

Many of them are, of course, "edged tools," to be handled with care; both as to proper dosage, and with regard to the formation of an unfortunate habit. But do not permit a patient to tell others that you can not get her nerves quieted.

Methylene Blue; Condensed Information.

This drug is latterly attracting considerable attention in various fields of general and special medicine. Eñuf has now been written to prove its potency and value, tho the text books are, as usual, slow in

getting for us the desired information. Perhaps its greatest successes have been recorded as against carcinoma, gonorrhea and malaria, tho other lines have had considerable benefit from it, notably that of cystic disorders.

Culbreth, November 1900, in his *Materia Medica and Pharmacology* (Lea Brothers & Co.), mentions its properties as "anodyne, antiperiodic, antipyretic, analgesic, antiseptic; in rheumatism, neuralgia, cystitis, intermittent fevers (substitute for quinin), urethritis."

It colors the urin blue; warn the patient. It is sold in two forms; be sure you get the C. P. Medicinal. Unguarded, it may cause strangury; give some aromatic oil with it. Dose, 1 to 2 grains three times a day. It is well worth a trial and a report.

Extra-Renal Albuminuria.

A doctor need not be very old to remember that he was taught that any trace of albumin in the urin was ominously significant. Late writers deny this, and the investigation has proceeded far enuf to prove that there are cases of "albuminuria" which are not in any way related to "Bright's disease." In examination of urin, if we had any means of being certain that discovered albumin originated in the kidneys, then no problem would present; but we have not such method (even urethral catheterization being fallible). It is certain that there are many channels thru which albumin may enter the urin without in any sense indicating a serious pathological condition.

The time is past for the assertion that all albumin in urin is indicativ of degenerativ changes in the kidneys. Yet one can hardly be reconciled to the statement that albumin can occur in strictly normal urin. In this whirlwind of discussion among "authorities," the average general practitioner must sustain his balance; and yet he must keep up with the advance along both lines of thought, or speedily become a back number. Albumin *may* be found in almost any normal urin; but only after the fluid has been concentrated to the extreme limit by evaporation, and only then by the most delicate tests. But the very fact that it *may be thus found*, robs our old horror of much of its import. It may now be accepted as a clinical fact that one must not only strive to search out the origin of the albumin, but also estimate its amount and the regular and

persistent occurrence, before he dare condemn his patient to a slow and lingering death.

The kidneys may be organically and functionally sound, and yet one may find albumin. The causes which go to produce it are legion, yet we must remember that either blood or pus in urin will cause the fluid to render reaction to any test for albumin. The examiner must carefully exclude every disease of urethra, bladder, ureter, and also any extraneous influences such as fistula, dyscrasia, diet, mental emotion, excessiv fatigue, exposure to cold, and possible innocent contamination of the sample, before rendering either diagnosis or prognosis. The problem at once forces us before the ancient and revered tribunal: is this albumin consequent upon deranged functional activity, or is it the result of organic change in the kidney itself? When we have solved such a problem we may then speak before the court of the professional world without fear of successful contradiction. Yet the difficulty of obtaining the data for such confident assurance still persists.

We now know that one may obtain albumin from urin excreted by a healthy kidney provided any one or several of the following conditions exist: (1) leucorrhea, (2) gonorrhoea, (3) fistula, (4) prostatic disease, (5) urethral disorder, (6) prostatic affection, (7) cystic inflammation, (8) urethral lesion, or (9) abnormal conditions in the renal pelvis. Thus one must be more than ever on guard lest thru faulty conception of Nature's voice we coax ourselves into deceit. Nature is all right, and science is "O.K'd." by centuries; yet we are still checkt and baffled by too little knowledge.

The experts are baffled; may not some "ordinary" man lead them to the light? It is thought and energy which keep the world moving, and no man has a monopoly on either.

We hope that some one will soon prove to us the actual prognostic value of albumin in urin, whether it be extra or intra renal. The intra-renal form is impeacht as fatal; has the extra-renal any significance?

Late writers state that albumin may be found in urin declared normal after the heat and the nitric acid tests, if tests of greater delicacy be employed. In another column we give the latest and most accurate method. Even tho the albuminuria

be functional or cyclical, one feels greater confidence in his diagnosis if he can accurately estimate it or absolutely deny its presence.

Galactagogs.

We have often been asked for a recommendation of drugs which would establish a flow of milk. While this is mainly a matter of good nutrition throughout pregnancy, the following drugs will each be found to have more or less galactagog properties: Lactic acid; castor oil, topically; extract of malt; galega; jaborandi; chlorate of potassium; fresh sweet milk in quantity is valuable; tea; and the lighter beers have been successful in a number of cases.

Disinfection of Catheters.

Dr. Seillikovitch will save risk of infection by preparing his steel catheter sound or bougie, in the following manner: Have a deep bottle filled with steril glycerin; this may be made steril by heating in a stew pan or crock and pouring into the bottle while hot, and keeping it tightly corked except when in use. (The bottle is heated before pouring the hot glycerin into it.) A similar bottle contains alcohol. When it is desired to use the instrument, it is dipped into the alcohol and immediately on withdrawal is touched with a lighted match; the alcohol while burning effectually disposes of all danger of infection while at the same time warms the instrument. While warm, the instrument is then dipped in the steril glycerin. No wiping whatever is needed, except after use, and then any cloth will do, as the next burning will make everything safe. The advantage of this method is in its absolute safety, great celerity and marked convenience. We have used it for years, and never wipe our instruments with anything until after they are used, or just before plunging into the alcohol, and we would just as lief use the office towel or dust rag as anything else so far as danger of infection is concerned. Only one precaution is needed: as your instrument is not touched with anything after you begin preparing it, it is necessary to learn to know when the instrument is cool enough to use. This is best learned by experiment in timing the cooling process a number of times; in this way one will never burn the patient.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

The Effect of the Obstruction of the Vas Deferens on the Sexual Appetite.

Editor MEDICAL WORLD:—Six years ago I injected six minims of pure carbolic acid into the lumen of the vas of a healthy man, on each side. It caused a slight epididymitis which passed off in a few days. The spermatozoa disappeared and have not been seen since, after repeated microscopic examination.

The semen is normal in all of its constituents except the spermatozoa. The amount is not reduced, ejaculation is perfect, erection is perfect, and there has been no atrophy of the testicles. There has been no pain, tenderness or swelling of the epididymis since the first few days after the operation. His desires are not affected and sensation is unimpaired.

I have done several operations for this same purpose, but the one just related is the simplest, is attended with the least risk and seems to be the surest except some which involve a greater risk. Twelve months ago I did the same operation on another man, with identically the same results.

We have a great many cases of obstruction of the vas by gonorrheal infection and some of those cases have been studied; but an operation on a healthy individual for the purpose named has never been done before, so far as I am aware. There have been a few operations done on the insane and the effect studied, but not on a healthy man. As I have never dissected a case I don't know whether the carbolic acid plugs the vas by cicatricial contraction or whether it destroys the epithelium lining of the epididymis and testicles.

What effect the operation would have

on the young, before the sexual function is established I do not know.

Now I suggest to those who believe in overproduction that this is a good remedy. It is attended with little pain, little inconvenience, and absolutely no danger. So, if my experience in this little operation interests any of the WORLD's readers, I have not written in vain.

Beda, Ky. R. L. FORD, M.D.

[The above is very suggestive. This might be adopted as a means of preventing the reproduction of criminals, also syphilitics, epileptics, consumptives, etc.—Ed.]

Croup and Diphtheria—Systemic Gonorrhea—Organotherapy—Replies.

Editor MEDICAL WORLD:—When the late Sir Morell Mackenzie announced his belief in the identity of membranous croup and laryngeal diphtheria this conclusion was accepted by me because it harmonized with my individual experience. Out of fifty-four cases of croup and diphtheria occurring in my practice, the two maladies had developed simultaneously, typical croup and typical diphtheria in the same family at the same time, or unmistakable diphtheria infection following croup. One of these cases was in the only child in a neighborhood, a girl of seven, typical membranous croup; and she recovered with laryngeal paralysis of diphtheritic type. I therefore feel warranted in accepting Mackenzie's acute observations that croup is simply laryngeal diphtheria, and that the reason paralysis does not follow croup is that none of the patients live long enough to reach the paralytic stage.

But no matter how extensive is any doctor's experience, he must beware of basing his conclusions upon his own observations exclusively. He must be always ready to compare and correct them with and by the observations of others. And I have come to the conclusion that while many cases of membranous croup are really diphtheritic, there are others which are not due to this or any other known micro-organism, but are simply the most acute and violent manifestations of the inflammatory process. This conclusion is based on some observations of my own and numerous reports from others as to the effects of the two calcium salts, the sulphide and the iodide, when used in these cases. When the former is pushed to

full saturation, a grain given every half, one or two hours until the breath smells like a rotten egg, it exerts a powerful control over true diphtheritic processes, a control that cannot be gainsaid or misunderstood by those who have witnessed it. Calcium iodide has no apparent effect whatever in these cases, but in others which I believe to be purely inflammatory non-diphtheritic, membranous croup, the reverse is true, the sulphide having no special effect, while the iodide given in doses of gr. $\frac{1}{2}$ every five to ten minutes, subdues the attack in a way that seems little short of marvellous to those who have exhausted the older treatments fruitlessly.

In this instance, in speaking of calcium iodide, I do not refer to the pure chemical salt going by that name, but to the so-called brown iodide of lime, or better, iodized calcium. This is a loose combination of iodine and lime, some of the former remaining free. It must be kept from air and light or the free iodine escapes or combines, and the preparation is inert. Used when active it has a wonderful control over laryngeal inflammations. I have received many letters from experienced old practitioners, telling me of the surprising subsidence of the croup when this remedy has been given.

This has led me to employ iodized lime in the catarrhal affections of children, generally coryza, pharyngitis, laryngitis and bronchitis. A few grains dissolved in a glass of water, a teaspoonful every five minutes, will often break up a "cold," and dissipate the hyperemia before it has really gotten a start. And while the child, if hypercritical, may complain of the "sponge-taste" a little, she is not at all apt to prefer castor oil, syrup of ipecac or boneset tea. A few grains of aromatic sugar cover even this slight taste.

Sometimes we get a run of cases of one sort. At present I have under observation three cases of paralysis agitans, two of 16 years' duration, one of 8 years. One of the former has for years taken morphin as a palliative, the other hyoscin; and the condition of the latter, in general health, intelligence and capacity to enjoy life, as well as in respect to the progress of the malady, is notably the better. The third case developed out of many years suffering with rheumatism, which still afflicts her. Query: How much improvement will we get from quelling the rheumatism?

Already, under the use of strontium iodide the rheumatism is better and the shaking has notably lessened.

Another query: Could the gonococcus be responsible for this malady? My observations on the so-called gonorrheal rheumatism and some other maladies associated with systemic gonococcal infection, have led me to look with deep suspicion on this little Beelzebub. I am strongly suspicious that the gonococcus is responsible for very much more disease than is as yet credited to him. The dependence on him of very many cases of pelvic disease in women, for which the surgeon's aid is invoked, is now acknowledged. The future may show his agency in the production of much "rheumatism," myalgia, neuralgia, myelitis, and among others this paralysis agitans. For it may be laid down as an axiom that for every disease-process there is an exciting cause, and that that cause is either living or dead. In other words, its action is either vital or chemical, including under the latter head affections caused by the presence of substances acting merely as material, as "matter out of place," following the definition of dirt. For many affections the action of the unknown materies morbi of syphilis is determined or inferred. For many others the physician of the twentieth century will look to toxic substances generated in the alimentary canal or elsewhere, or to matter that the eliminants fail to remove from the body. It is safe to say that auto-toxemia will become a very common expression, and that the excretory function of the kidney will be closely scrutinized. And I believe that the gonococcus will be found very many times where his presence is not now suspected. What other known micro-organism penetrates so far, keeps on reproducing his kind, and kicks up such a deuce of a row wherever he goes, as this one? Fortunately, in this case we are ready for him. We most devoutly pray that he will be found at the bottom of many such ailments, for we can then use our knowledge to help restrain our lusty young clients within the bounds of chastity; and we have in the sulfides, detectives we can send anywhere thruout the body to arrest the culprits.

If there are any two subjects upon which more men are ready to theorize than determination of sex and maternal impressions, the writer would like to know of them.

On page 476, December WORLD, Dr. Allen promulgates a theory on the former, without adducing any proof whatever as to its correctness. If there were no proof beyond mere surmise, such theories would be pardonable. But all investigations on this subject seem to point to the general law, that the sex least likely to survive is reproduced, and thus the balance of the sexes is fairly maintained. The slight excess in females may be credited to the greater liability of males to death by accident, which heredity could not take into account.

On the next page Dr. Brunner likewise jumps at conclusions in regard to the causes of two cases of spina bifida, neither of which can rank above bad guesses. How could rubbing the washboard against the mother's belly affect the spine of the fetus floating in the amniotic sac? There is a good, safe ground for the doctor when asked to explain the causes of these and similar phenomena—a world of wisdom is embodied in the magic formula: "I don't know!"

Now as to Dr. Goodman's disbelief in organotherapy: You cannot dispose of a question of fact by alluding to its inherent absurdity or unlikelihood. The most absurd notions have proved true—*vide*, vaccination. The question is not, is organotherapy absurd, but, is it true? The idea is very ancient. It underlies cannibalism, as savages usually believe that in devouring the bodies of slain enemies they possess themselves of their virtues. The idea undoubtedly survives in the Lord's Supper. Further, most savages believe that partaking of the flesh of animals imparts their qualities. Our Indian tribes ate bears' flesh to become strong, deers' to become swift, foxes' to become sly, etc. But the actual use of thyroid, testicular, adrenal, splenic and other extracts has proved that each of these substances does in fact exercise upon the user an effect to be predicated from the function of the living gland; and that these extracts do not, as was once held, act merely as so much nitrogen, oxygen, etc., or as albumin, gelatin, etc. Let the active principle be vital ferment or independent organism as the leucocyte is deemed, or simply chemical, the activity is unmistakable. I have given testicular extract in many cases of impotence from defective testicular secretion and found it effective. In fact, I look upon this as the

surest and safest of aphrodisiacs in such cases.

As to brain-eating, I cannot say; but the effects of blood are far superior to its properties as a nutrient alone. Cooking destroys living elements and ferments, but may not alter chemically acting principles, so that these agents should be taken raw. And if anyone will put up raw brains in a conveniently prescribable shape, I will cheerfully suggest its use to every doctor who does not read THE MEDICAL WORLD.

Chicago, Ill. W. F. WAUGH, M.D.

Treat Both Patient and Disease in Pneumonia.

EDITOR MEDICAL WORLD:—Somewhat recently I have read several articles on pneumonia and its treatment, in which the authors are pleased to say that they treat the *patient* and not the *disease*. Now this is indefinite, and may be misleading. If it is meant that they treat the *patient for pneumonia*, at all times recognizing the condition of the diseased organ, such expression or treatment may not be criticized. But if it is meant that when the patient shows increasing weakness, may be great weakness, with the inflammation still unsubdued, with the lungs still greatly congested and engorged, that the antiphlogistic treatment is to be changed for a stimulant and tonic treatment, the benefit of such change may well be doubted. Pneumonia, as well as pleurisy, is a disease highly inflammatory, the patient early showing weakness, not because the inflammation is not of a high synochal grade, but because the lung functions of oxygenizing and decarbonizing the blood are so impaired and lessened that the heart no longer furnishes the system with healthy life-giving blood, but rather with a poisoned, weakening product, weakening all the life powers. Stimulants and tonics are hardly the remedies for this inflamed condition of the lungs, but rather remedies are still required that will lessen the inflammation; that will help to equalize the circulation; remedies, antiphlogistic tho they are, that will do most to relieve the congested and engorged lungs; that will, in a good degree, restore them to their normal functions.

Let us consider the yearly deaths from this disease in this and other countries, as indicated by statistics such as Hector Makenzie, the author, furnishes, who, in analyzing the report of the Registrar General of the United Kingdom, finds nearly

thirty-two thousand deaths annually from this disease alone—a number nearly equal to the deaths from enteric fever, diphtheria, small-pox, measles and scarlet fever put together. When we consider these facts we may well regard pneumonia as a serious, a most formidable disease; and yet I have, for these many years, regarded it as a disease quite amenable to treatment. I write not of the disease in a mild form, but of *pneumonia* when it has a firm grip on much of the lung tissue. While it is desirable to see this disease early, my observations have been such as to convince me that, seen *early* or *late*, the treatment should be a vigorous antiphlogistic treatment. The disease may be regarded as an enemy that will destroy the patient unless itself is destroyed. If it is expected to dislodge this enemy, it must be *attacked in force*, and having boldly bled the patient, the after treatment is comparatively easy, but must still be antiphlogistic, requiring vigilance, and must be continuous, with no interregnum till the diseased organ is well relieved. In malarious subjects quinin should be given as soon as the force of the disease is broken.

Yes, *treat the patient*, at all times bearing in mind the *enemy you have got to destroy*.

JOHN PHILLIPS, M.D.

Stevens Point, Wis.

The Medical Examiners for Life Insurance.

EDITOR MEDICAL WORLD:—There is more to an examination of an applicant for life insurance than many examiners at first think. A young M.D. but a few years out of a medical college is appointed examiner for a certain company. An applicant is presented for his inspection: The thought is liable to present itself to him that the company merely wishes to know whether this is a healthy man now or not. This is important, but it is not all. He must form a rational opinion whether the applicant will probably live out his expectation, or if, on the endowment plan, whether he will live out the endowment period. In forming this opinion, how many remember the life expectations at the age of the applicant before us? And if we do not remember, how many take pains to look it up?

Another thing the examiner should bear in mind: The facts he is recording in making that certificate are to remain. They are liable to stare him in the face

when he most wishes they had never been written. He may be called upon to defend or explain them in a court of justice before opposing counsel. Then, if he has not done good, conscientious work, the un-availing regret will be that more care had not been taken when he was master of the situation. This will not occur to every one who has done poor work, but it is liable to occur to any one who has.

Let every one, however, bear in mind that his certificate is kept on file, and if there has been no occasion to bring it out before, it will be when proof of that person's death is furnished the home office. It will then be dragged out of its dusty retreat and again thoroly studied in its relation to the actual cause of death. If he has done good, scientific and conscientious work, he can rejoice as a workman that need not be ashamed.

Newport, N. H. D. M. CURRIER, M.D.

Life Insurance for Both Doctor and Patron.

Editor MEDICAL WORLD:—We can not resist suggesting a few thoughts to Dr. M. Dunn, of Colfax, La. (December WORLD, page 481.) Why does he not combine some essential oil with his methylene blue? He may thus prevent strangury, nausea, and other disagreeable after effects. We ordinarily use oil of myristica with the methylene blue; about one drop of the oil to each dose.

Why does not the Doctor, in those pitiful cases, persuade the father to carry life insurance in some good company which guarantees payment at death or reasonable profits at twenty years, if living, long before being attacked by the fatal illness? The uninterested Doctor may be sure of two things: (1) doing something for humanity and (2) not injuring himself, if he secure a \$5.00 fee for making the examination. Thus that helpless family might have been protected. Suggest life insurance, but be sure you have the solicitor so firmly that the examinations will come to you. Refuse to make them for less than \$5.00, but when you do make them, spend a third of a day on the applicant and then meditate another third of a day on your recommendation to the company before you mail it. You may at least be honest with the company, tho they have not been fair with you. Then go to work and organize all your town, township, or county physicians under an iron clad agreement not to make a life

insurance examination for less than a \$5.00 fee.

The solicitor gets from 40 to 100 per cent. of the first annual premium on life insurance, while the doctor gets ordinarily from \$1.00 to \$5.00, most often but \$3.00. The actual cost of insuring a life at 30 years of age is but about \$11.00 per year for \$1000. These profits go to the company for twenty years or for life, and the solicitor gets a good fee, but the doctor, at his best, gets a paltry \$5.00 fee.

With all this, life insurance is a good thing for everybody. The misguided Doctor needs it worst of all; but he is a dupe and worse than a fool, if he examines, or silently look upon his colleagues examining "risks" for less than a \$5.00 fee.

The solicitor is unskilled in science. He was probably a "hired hand" at \$15.00 a month before he became a "Solicitor for Assurance." Where is the Doctor's skill and experience?

Dr. Dunn's case has touched a sentimental spot, but it has stirred our "risibilities" more. Why don't the profession get together for the self protection of themselves, their families, and the profession vs. the entire world. The matter has come to this.

A little business judgment; a modicum of professional activity; a slight push; and then one might take the defense of humanity and the profession against a greedy and scheming world.

Doctor! when you get the next poor man with a large family of young children speak to him about life insurance; a dollar or two a month will secure a nice sum for his family if he should die, and on the endowment plan, would give the same to him if he should live out the period.

Pennsylvania.

"SECURITY."

Testimonial Fiends.

Editor MEDICAL WORLD:—As the preachers say, I feel that I have a "message" for poor, credulous humanity. My message is, "Beware of testimonial fiends." These fiends are of all races, nations and tribes; they speak all languages and dialects; they are of all colors, sizes and previous conditions of servitude; they profess all kinds of religions and no religion at all; they follow all arts, trades, professions and occupations for a livelihood; they belong to both sexes, and if their testimonials are considered competent evidence, most of them have no sex at all

to speak of; they infest and infect all grades of society; they appear to have but little in common except physical and psychological degeneracy. There are many subjects on which these idiots can gratify their ruling passion, but for the purposes of this paper I shall confine myself to the mental and moral degenerates who have a mania for signing pseudo-medical testimonials, as this variety is the most numerous, persistent and dangerous.

These testimonial fiends are to the quack what the capper is to the gambler. They serve the medico-religious impostor in the same capacity that the steerer serves the sandbagger; like the painted prostitute, they entice the unwary into robbers' dens; they are as dangerous to the credulous as the syrens were to the ancient mariners, and if listened to, the result is the same—poverty, insanity, death. They are the decoy ducks and stool pigeons of mankind. On the testimony of these cranks are built all the monstrous systems of psychic hallucinations, medico-religious impositions, pseudo-scientific delusions and systems of organized quackery that rob the confiding invalid of what property, sanity and health he may have.

From the standpoint of the psychologist, the motif of these maniacs is easily found, and their acts not hard to explain. They are monumental egotists and their craving for notoriety inhibits every faculty that safeguards the normal human being. Notoriety they mistake for fame. A desire to see their ignoble cognomens in print becomes a craze; and if in addition to that they can secure the insertion of a picture of their faces, often deformed by the earmarks of degeneracy and covered with the stigmata of all that is contemptible, base, and idiotic, the cup of their exultation simply runs over. For this, they will cheerfully lay bare for the inspection of friend and foe all the revolting secrets of their lives; for this they will advertise their depravity, debauchery and folly to the world; for this, women supposed to be modest will describe the condition and appearance of their sexual organs in public print for the eyes of all readers; and men will advertise themselves as masturbators and victims of "lost manhood"; for this, these people are ever ready to proclaim their lechery, drunkenness, drug habits, debauchery, depravity, bestiality and nastiness to all,

with not a thought or care as to how their friends and family may be affected by it.

There is no hope of reformation for the testimonial fiend. You may pray for the harlot with a faint hope that your prayer may be answered; the drunkard and cocaine fiend have been known to see the error of their ways and repent; the thief may become honest, and the ordinary liar occasionally speaks the truth; you may labor with the profligate with a slight prospect of success; but for testimonial fiends there is no hope. You cannot shame them, "for they glory in their shame." Logic is beyond their depth, ergo you cannot reason with them. They have no sense of wit or humor, therefore ridicule is lost on them; their judgment is inhibited, hence you cannot appeal to their conscience. Their diseased vanity and distorted egotism inhibits every other faculty.

The villainous activity of most evil doers is checked by sickness and stopt by death. Not so with the testimonial pervert. His ruling passion is strong in death. Practise makes perfect, and as he approaches the end of his nefarious career his testimonials become stronger and more numerous. As he feels his vitality oozing away, he hastens to sign an affidavit that some patented nostrum has rejuvenated him. When the pallor of death overspreads his countenance and hectic fever paints his cheeks, he solemnly affirms that some notorious quack to whom he was led by grace divine has cured him. When confined to his bed he will swear in canting phrase, and in what he supposes to be the dialect of the saints, that Christian science has cured him of a dozen incurable diseases that he never had, and proves it by the indubitable evidence of his own testimonials. In turn he certifies that osteopathy, absent treatment, mental science, magnetic healing and every other variety of fraud and idiocy of which he has ever heard, has restored him to robust health, and sends his testimonials to every one whom he thinks will print them. And when he feels the cold, bony hand of Death grasping for his heart strings, he breathes a prayer that his latest testimonials will appear in "Leaves of Healing," and dies happy in the knowledge that while the bull frog croaks a requiem over his lowly grave, his name will be printed in all kinds of "Lost Manhood" publications; and

altho dead, that his beloved testimonials will still live on. J. A. MULNIX, M.D.
Dows, Iowa.

Replies.—Tonsillitis.—Dysmenorrhea.

Editor MEDICAL WORLD:—In the case of sterility from possible "occlusiv epididymitis," page 426, November WORLD, permit me to suggest gentle and persistent massage of the organ, in connection with a lanolin ointment of mercury.

P. 428, left column: Dr. Dumm will kindly permit me to ask very politely whether those "spots that are granular and very sensitiv," and which "form niduses for germ growths and distribution," have been seen with an endoscope, or post mortem, by whom, when and where?

P. 430: Dr. Fisher says that an application of ichthyol to a carbuncle, "at the end of two to four days the core, having entirely separated, can be easily and painlessly removed." Query: Without any incision?

P. 436: You say that Dr. Murphy, of Chicago, used intra-spinal cocain anesthesia. I think it was Dr. Weiss, a young and rising surgeon, and professor in some Chicago college of medicin, who first used this method in a major operation, and with the best results.

As to favorit prescriptions, for which you ask:

(1) *Against Tonsillitis.*—Make a neutral solution of tartaric acid and bicarbonate of soda. In this dissolv sugar and gum arabic. Of this add, little by little, to as many doses of a saturated tincture of gum guaiac as you may need, stirring all the while in a mortar so as to get a homogeneous emulsion without any lumps. The dose of the tincture is from five drops for a child three years old, to twenty drops for an adult. Repeat from two to four hours. The solution you can apportion as you think best, from one to four drams per dose. Let the patient swallow the dose slowly, and the painting which the whole fauces will get from the emulsion will do additional good.

(2) *Against Dysmenorrhea.*—Five to ten grains of valerianate of ammonia, and ten to fifteen grains of potassium bromide, dissolved in sweetened water, makes one dose. Give it as soon as the pain occurs, and repeat in one or two hours. A hot water bag to the genitals will hasten the good effect. Dysmenorrhea is often a

habit, and the above treatment early repeated at a few periods will break up that habit, if it be functional only.

Wishing THE WORLD, its Editor and its readers all the blessings they need, I remain, its old admirer. DR. EPSTEIN.

West Liberty, W. Va.

A Record in Obstetrics.

Editor MEDICAL WORLD:—I am especially interested in anything I see on obstetrics. I have been a "regular country doctor" for twenty years, and have attended between 500 and 600 cases, all of which I have kept a careful record of. Have lost one mother from puerperal fever, one from placenta previa; had three cases of puerperal eclampsia, all delivered without forceps, and saved both mother and child in all. Have had but two cases of vertex presentation that were delivered with forceps. In both of them I had the courtesy to call on my consulting physician to deliver, while I administered the chloroform; in one case a dead baby, in the other a very badly lacerated perineum. Had three cases of shoulder or hand presentation, which were readily and safely delivered by turning. I have had a few cases similar to those described by "Frankness" in October WORLD, but I believe I never failed, as he did, to diagnose which end was first in good time. In fact, my observation has taught me that it matters very little which end was first, so it is sure to be an *end* and not a *side*, so far as expediting the delivery is concerned.

I give this hasty summary of my work to preface my contention that the forceps are often used unnecessarily. "Frankness" starts out by saying that he "meddles as little as the necessity of the case permits," and winds up by saying that he used the forceps in about five per cent. of his cases. Mine have required about one-third of one per cent., with perhaps one other case in which the child might have been saved by the use of them in time. Of course some suffering to the mother could have been averted by an early resort to the forceps in many cases, but I have thought, and still think, it is best to give nature a show, and relieve the suffering as much as we may by chloroform, which, I think, often hastens labor by enabling the mother to bear with and not shrink from the pains.

As an after treatment I enjoin espe-

cially external cleanliness of person and bedding, and believe that a vaginal, not a uterin, douche would be well every twenty-four hours for a few days, tho I do not always recommend it, and could not get it done if I did. I am of opinion that articles on this subject should teach the young doctor that there should not be too much haste in interfering with nature, and especially in jumping to the conclusion that he must resort to the forceps. As before said, I am only a country doctor, and perhaps my opinion is not worth much, but my twenty years' experience and observation are, at least, worth something to me; and I have changed my manner of procedure very little in all these twenty years.

H. S. TAYLOR.

Ashburn, Tenn.

Severing of Cord in the Uterus Before Labor.

Editor MEDICAL WORLD.—Mrs —, the mother of four living children, became enciente, and about the seventh month of pregnancy began to complain of great and constant pain in the abdomen requiring repeated doses of morphin to give temporary relief. The enlargement of the abdomen became greater than is usual at full term of gestation, for which abnormal size it was difficult to account. Some four or five weeks after calling in my son and a consultant, there was no improvement and I was requested to see and examin the case. My advice was to bring on a premature delivery, which my son told me he was then doing, and evidences of labor were then seen. After a few hours the patient gave birth to a child well advanced in putrefaction, and what we had never seen before nor suspected, the umbilical cord was detachd some four inches from the fetus; it was contracted and there was no evidence of recent occurrence. This explains the death of the child (from starvation), and the great swelling and suffering, incident to the placenta discharging its contents into the uterin cavity. By manipulation the uterus was brought to normal condition and recovery was uneventful.

Queries: Can it be probable that the cord was severed by ulceration, and greatly contracted, causing very slow leakage? If the separation had been sudden would not a fatal internal hemorrhage have caused death in a little while?

G. W. KEMPER, M.D.

Port Republic, Va.

His First Baby.

Hey there! You little wrigglin' chap,
Wiukin' an' blinkin' on 'grandma's' lap,
What do you think of all this biz?
Cute little feller, aint he, Liz?

Say, Doc! how much d'ye s'pose he'll weigh?

Ten? Beats Jones's any way.

Hully gee! What an arm that is!

Reg'lar Jim Jeffries, aint he, Liz?

Jest watch him doublin' up that fist!

He's goin' to be a pugilist;

Or else a preacher, or else—gee whiz!

Whoops like an Indian, don't he, Liz!

Seems t' say as plain's can be,

"I'm lonesome; that's what's a troublin' me."

Lonesome, the poor little feller is!

But we'll be good to 'im, won't we, Liz?

Say, Doc, you goin'? Well, good night,

Here's twenty dollars—is that all right?

I'm satisfied, an' I'll bet she is.

Pretty good doctor, aint he, Liz?

I'm satisfied but for jest one thing:

I wanted a girl. I did by jing!

But I guess it's all right jest as 'tis,

Better luck next time—wont we, Liz?

Chicago, Ill.

FRANK L. ROSE, M.D.

Suggestion.—A Case.

Editor MEDICAL WORLD:—My object in reporting the following case is, if possible, to convince some that in suggestion we have a therapeutic method which is powerful for good; and that, if used by physicians intelligently, would educate the laity up to the point that those "healers" outside of the medical profession could not make a living, say nothing of their making fortunes as they do now.

They all cure in the same way. The theory is all that differs.

I report this case, leaving you to judge as to its value. If there are any questions the WORLD readers would like to ask, I will answer them to the best of my ability:

Mrs. L., aged thirty-seven, has had periodic attacks of melancholia for the past five years. They would come on every six months and last from four to six weeks, when she would gradually recover; but there would be only a very few weeks between the attacks during which she would be real well. She is naturally of a cheerful, joyous disposition. She came to me about the first of August, 1899. She was crying most of the time night and day. She would get about two hours' sleep at night. She seemed to have lost all hope of ever being well. She had a rise of temperature of about a degree, and her tongue was furred. I gave her the best nerve tonics and sedatives, corrected her diet and regulated her bowels, but she did not improve. I then sent her to a specialist. He pronounced it a well marked case of melancholia, stating that unless she improved very soon she would have to be sent to an asylum. He advised that

she should be relieved of her household duties, be much in the open air, busy herself with reading, and, if possible, take a trip somewhere. She did not take the trip, but she and her family went to board with friends who were very jolly. She followed his advice and took the medicine he prescribed. In five or six weeks she was very much improved and went back home. In just a few days she was as bad as before. She came up to see me thoroughly discouraged. She seemed in every way as poorly as ever. I told her that I would cure her if she would let me have my way and if she would follow my advice, to which she agreed.

I explained to her that there was nothing mysterious about suggestion. I explained to her that by allowing her mind to be led into certain channels of healthy thought she would be cured. I gave her the proper suggestions after getting her in a state of mind to receive them. I told her that she must come every day or two until cured, which would probably be from four to six weeks. She came again in two days very much improved. I gave her another treatment, and in two days she came again, stating that she was well but not strong. She had been taking the same remedies right along that the specialist prescribed. I gave her a third treatment, and told her she need not come again. She has never had the slightest return of her trouble. It being now over a year since I treated her, she has already missed two of these attacks.

I want to call the attention of the profession to the following points:

First. That there are certain diseases dependent upon a mental state, that medicine alone is almost powerless to help.

Second. That the attitude of the mind will influence to a certain extent the treatment or progress of any disease.

Third. That the case reported was not only relieved, as she had been before, but permanently cured.

GEORGE T. MOSTON, M.D.

Albany, N. Y.

The Tubercular Patient at a Health Resort.

EDITOR MEDICAL WORLD: For several years past I have given special attention to the study and treatment of tuberculosis. During that time I have been compelled to observe the conduct of those who visit health resorts with the hope of finding cure or arrestment of their disease, and have

noted some of the chief reasons why disappointment has come instead of the expected improvement.

The opinion widely prevails among the laity and probably some physicians, that the most a tubercular patient needs is a change of climate; and if there is any hope of improvement, it will certainly be realized. The change is made and the patient goes to some one of the localities that has a reputation for favorably influencing the course of tuberculosis. Often without knowing where he will stay or the comforts that can be obtained at a particular house, he stops at a place charging the price he expected to pay. No one but the landlord knows who occupied those quarters last. Most any physician could tell whether they are a fit place for a tubercular patient. If they have been disinfected by formaldehyde gas, as they should be, and as I always have done for my patients when advised in advance of their arrival, this source of reinfection is certainly destroyed.

But worse than the worry and danger of unsuitable accommodations is the improper care the patient takes of himself. The formerly prevalent idea of "take plenty of exercise and eat all you can," is the chief rule of their lives. The mischief and irreparable harm done by the effort to live up to such an injunction is, in some cases, simply appalling. The evil that follows is often wrongly charged to the incurability of the disease, or the unsuitableness of the climate. So often misguided patients are seen walking, a mile or two from their quarters, or when no longer able to walk, then on a horse in full gallop, with temperature perhaps as high as 103° F., and heart beating as frequently as 140, that one feels like asking them to be more merciful to themselves.

Generally speaking, patients who go to health resorts with tuberculosis may for present purposes be divided into two classes. First, those in whom the disease has advanced to an incurable stage; and second, those in whom the disease is curable, or, at most, in a stage where arrestment is possible. The first class is constantly ailing or sick. They generally are more or less anxious about themselves and require much treatment and advice. They are easy to control, as a rule, and are careful to observe the physician's directions.

The second class is usually able to be up

and out, or at least, they are, if it is possible. At times they consult a physician for the correction or relief of some temporary or symptomatic cause, but rarely ever put themselves under his care for the regulation and overseeing of their life and habits.

From lack of proper understanding of their condition and the unwillingness to forego the pleasures provided at resorts, they fritter away the curable period of the disease. It is no unusual occurrence for hopeful conditions to become hopeless in a climate where everything is favorable to a cure except the patient's own unwillingness to secure the services of a good physician and give himself entirely over to his care.

No matter how favorable a climate may be, it is not possible for the patient to get the greatest benefit without the aid of an experienced and skilful physician to regulate every detail of the daily life, and who will see that his directions are understood and followed. To fail in this and expect favorable results, one might just as well give a patient a box of quinin pills and tell him to cure himself of malarial fever. Before sending a patient to a health resort, arrange for suitable quarters; secure for him the best medical skill in the place of his sojourn; impress upon him why you are sending him from home, and that his co-operation is one of the necessary conditions for restoration or improvement. This having been done, you will then have assurance that proper treatment in a favorable climatic environment will have done its best.

LOUIS F. HIGH, M.D.

Southern Pines, N.C.

Scrofula and Its Constitutional Treatment.

Editor MEDICAL WORLD:—Scrofula cannot be considered as a separate or distinct disease, for it has no physical signs or morbid lesions exclusively its own. The term has become decidedly antiquated, but for practical, clinical purposes, it yet remains decidedly useful.

It's about as satisfactory a way as any, to regard the affection as "a certain constitutional state in which there is an unusual tendency to tuberculous infection." In fact, many cases formerly described as scrofulous are now recognized as purely tuberculous. Furthermore, the existence of scrofula as a peculiar, or special cachexia independent of tuberculosis is vehemently denied by modern pathologists.

It is only the general, constitutional dyscrasia, the systemic diathesis, that I am dealing with in the present instance.

Altho the original condition which existed in those historic, classic cases that gave to the disorder its particular nomenclature (scrofula) was an affection distinctly circumscribed, or limited, to the lymphatic glands of the neck, yet modern therapeutics ignores the localized lesion, or at least relegates it to the care of the surgeon, and direct its efforts to the correction of the general specific tendency.

We all know that any inflammation occurring in a scrofulous subject always assumes a scrofulous form—that is, it exhibits a slow development, an abundant cell proliferation, a tendency to caseation, and an aggravating obstinacy as regards response to treatment.

Of course, in all these relatively external manifestations of an essentially tuberculous process, the specific germ, or bacillus, may be practically regarded as still being outside the body, and, fortunately, capable of being reacht the more readily by local means. But any one of these morbid states however local and external it may be, constitutes a powerfully predisposing factor of infection ever threatening the entire body with a general systemic invasion.

The vital power of resistance to disease, inherent in normal, healthy tissue, is reduced to a minimum; and an indisposition, which, occurring under other circumstances, would be most trivial, furnishes the grand opportunity for the development of a genuin tuberculosis in some internal organ.

Upon this point, Prof. James Tyson quotes that at the present day "three-fourths of the cases of acute tuberculosis owe their existence to a preceding scrofulous condition."

Now, in the treatment of this scrofulous condition, it will be convenient for us to divide our cases, constitutionally considered, into two very distinct classes. To the first group, comprising the erethitic or sanguin variety, belong all those possessing the following physical characteristics: a frail, thin stature; small, delicate, and often pretty features; a fair and transparent skin, showing the blue veins beneath it distinctly; long, gracefully curved eyelashes; blue sclerotic, and dilated pupils. The hair is thin and silky; the teeth appear early, and when white and regular (as they usually are), present a

really beautiful appearance; the skeletal muscles are soft; and the osseous framework is fragil and slender. The general nervous system is excessively activ, sometimes exceedingly irritable, and the mental development is remarkably precocious.

Keeping this clinical picture vividly before our eyes, I want now to present, in striking contrast, a clinical variety of the disease which represents almost the anatomical antithesis of the preceding; namely, the torpid, or phlegmatic, type. The child is stout, clumsy and thick-set; the facial expression is dull, stolid and vacant; the upper lip and nose are flabby and edematous; the hair is thick and heavy; the skin is coarse and leathery; the head is big; and the abdomen is protuberant. The body is encased in a soggy plumpness of subcutaneous fat; the pulse is feeble and sluggish; and the temperature is very frequently subnormal.

Probably you are wondering why I elaborate so fully the physiognomy of the disease as it is manifest in these two great inclusiv types. I will tell you. Anticipating the possibility of there being some brother practitioner equally ignorant as I myself was when my experience with this affection first began, I feel justified in giving emphasis to these clinical distinctions in order to save him from inevitable defeat and humiliation if he would expect to obtain beneficial results from the administration of cod-liver oil in both kinds of cases. No. In the torpid or phlegmatic, type, the syrup of the iodide of iron and phosphorous are the almost specific remedies; but in the erethitic, or sanguin form, cod-liver oil is the sine qua non—and every time. First, diagnose the variety of affection you have to treat; then determine your therapeutics for the disease accordingly. If you are fortunate in obtaining a good preparation of cod-liver oil and are wise in your discrimination of cases you will achieve most brilliant and pleasing results. The quantity which these little scrofulous patients are able to take will depend more upon your ability to understand and to practically apply the physiological laws governing its administration, than upon any idiosyncrasy (aversion to, or unnatural fondness for, the oil) which they may exhibit.

During the course of this "oil cure," as it may appropriately and reasonably be called, never allow the child to lose its appetit or wholesome and nutritious

food. Strychnin and the bitter tonics are usually sufficient to preserve this desire. The diet must consist chiefly of nitrogenous food-stuffs, with starches and sugars eliminated if possible.

Milk, eggs and meat should form the basis of their alimentation. But always bear the fact in mind, that too much fat (provided it be digested and completely absorbed) can't be given. "Among the foods, cod-liver oil ranks high." (Abraham Jacobi, M.D., LL.D.) "The use of cod-liver oil for scrofulous affections has long proved so beneficial that it must be regarded as almost a specific." (William Gilman Thompson, M.D., LL.D.) "In glandular and bone tuberculosis (scrofula) cod-liver oil is undoubtedly very beneficial." (William Osler, M.D., LL.D.)

Let me say again, *give cod liver oil*, and give it in progressively increasing amounts until the limit of toleration is reached. Select for administration a preparation the scientific analysis of which proves it to be physiologically perfect, and the practical results derived from the use of which demonstrates its superior efficiency. My experience in the constitutional treatment of scrofula by cod-liver oil has been remarkably encouraging, and I can attribute the success I enjoy therein largely to the emulsion I employ, which is hydroleine.

HENRY Y. OSTRANDER, M.D.

Brooklyn, N. Y.

Gall Stones.

EDITOR MEDICAL WORLD:—Dr. W. J. Brand (December WORLD, page 474) is desirous to hear all about gall stones thru THE WORLD. To be short and to the point, I will quote him some of my cases without giving date or year.

Case 1. Was called to consult Dr. R— in a case of sickness. The patient had a tumor or swelling in right iliac space. He pronounced it cancer of the ovary. Told him I did not think so. "What then?" said he. "I do not know, but poultice the painful and swollen region and I will see her in two days." He did so and at the end of nearly two months the swelling was more prominent, and it opened midway between the umbilicus and pubis. The doctor informed me that about thirty gall stones, the size of a cherry stone, were discharged thru the opening. The opening discharged pus for over two years

THREE-COLOR REPRODUCTIONS FROM LIFE, SHOWING THE
DEVELOPMENT OF THE DIPHThERITIC MEMBRANE AND
ITS DISAPPEARANCE RESULTING FROM THE
ADMINISTRATION OF ANTITOXIN.



First day of disease
Appearance of Membrane



Six hours after administration of Antitoxin.
Showing arrested growth
of membrane and beginning
line of demarcation



Twelve hours later



Twelve hours after admin-
istration of Antitoxin
Course of disease checked



Twenty-four hours later



Twenty-four hours after
administration of Antitoxin
Convalescence established



Second day of disease
Showing involvement of
tonsils and hard and
soft palate
At this stage of disease
Mulford's Antitoxin was first
administered



Second day after adminis-
tration of Antitoxin
showing throat returning
normal appearance

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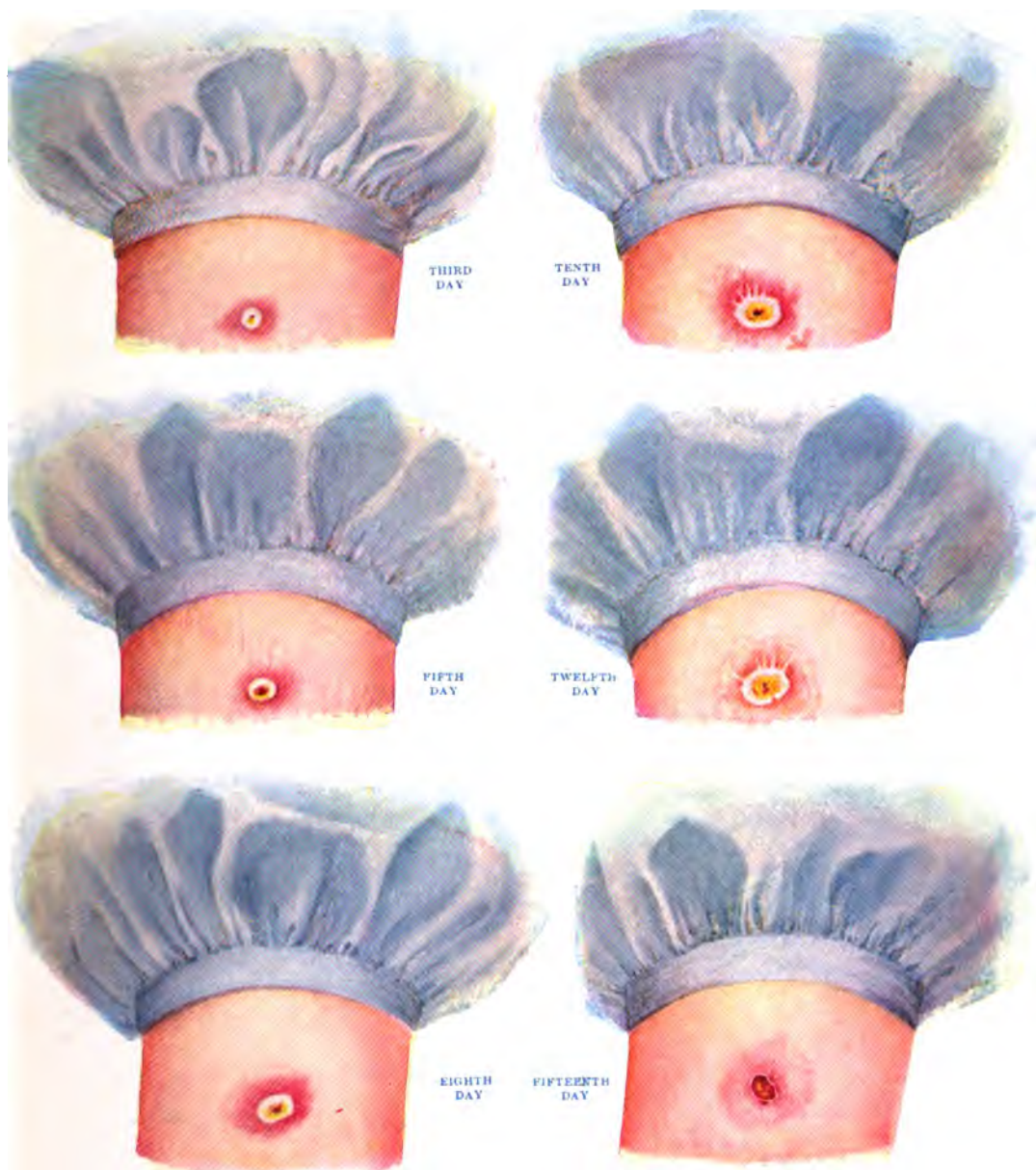
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THREE-COLOR REPRODUCTIONS FROM LIFE, SHOWING CYCLE OF VACCINATION;
TYPICAL VACCINE VESICLES FROM INOCULATION TO CICATRIZATION,
FOLLOWING THE USE OF GLYCERINIZED VACCINE LYMPH.



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and then healed. The patient, a married lady is still living and healthy.

Case 2. Some years ago I was asked by Dr. L—— to see with him one of his lady patients, aged 55. She had all the symptoms of cancer of the liver, except tumor and jaundice, and we so diagnosed, for want of something better. She ultimately died. A post revealed three gall stones in the gall bladder as large as horse chestnuts.

Case 3. Years ago I attended a clinic in one of the Philadelphia medical colleges. The professor operated on the man expecting to find one or more large biliary calculi. The gall bladder was enlarged and its outlines could be seen on the outside of the abdomen. On cutting down the professor found an enlarged gall bladder containing a light yellowish-green fluid and no gall stones. On placing his fingers under the liver he said: "Gentlemen, I now have the cause of this man's sickness. He is suffering from cancer of the liver and we will leave the disease to take its course."

Case 4. A married woman, aged 45, suffering with "cramp," sent for me. I injected morphin hypodermically, followed by calomel, rhubarb, aloes and bicarbonate of soda. Pain subsided and then returned, followed by jaundice and its sequelae. Told her that a gall stone had lodged in the ductus communis choledochus. She was a stout, fat woman. Abdominal surgery was not much practiced then. The patient died and a post revealed a gall stone as large as a large hazel nut, irregular in form, near the duodenum, but still in the duct. The location of the duct and stone was hard to find, and an operation as difficult to perform as the post was, would have given very little hope of recovery to the patient.

Case 5. Mr. G——, aged 68 years, suffered from pain two weeks. Was called to see him in consultation. Found him delirious; pain and swelling over region of the liver. The attending physician was not too certain in his diagnosis. Told him that I supposed him suffering from gall stones, the case hopeless, and in case of death should ask the family for a post. Patient died the next day. A post revealed the gall bladder half full of gall stones of various sizes, in nature of the cholesterin kind, brown like browned coffee.

Case 6. A married woman aged 50 years. Commenced with pain and vomiting. Hypodermic injection brought relief and recovery followed. Some time later had another attack. Pain and vomiting not so readily relieved and jaundice appeared. Diagnosed biliary calculi with colic pain. About one pint of olive oil, taken at intervals, in two days, relieved her and she has not had an attack since.

Case 7. Mrs. H., widow, bilious temperament, has had frequent attacks of cramp pain. Diagnosed bilious colic. She past a number of irregular gall stones, some as large as a grain of corn and some smaller. Olive oil and phosphate of sodium seemed to do her most good. Before I gave her this treatment she had frequent attacks. Since then, none.

I have now under treatment two cases of jaundice without pain or any other symptoms of any kind except yellowness and severe itching. Both men are up and about, appetite good, sleep well, some days pass more urine than other days. Both have been in this condition over four weeks. Have been treating them about a week. No improvement thus far. Their first attendant gave them phosphate of sodium, and from all appearance, nitromuriatic acid. I dropt the phosphate of sodium and substituted calomel, podophyllin, aloes, gamboge, and bicarbonate of soda, in proportionate doses, two or three times a day; also dandelion tonic compound consisting of glycerin, sherry wine, gentian, phosphoric acid, taraxacum and aromatics. Should this not produce results, I will resort to olive oil.

The first case reported is perhaps the most interesting. She declared that she felt the swelling in her side for three years and it gave her considerable pain. Where and how long these gall stones had been lodged, I could not understand. There was no fecal escape from the opening at any time, and the opening was too near the middle line of the abdomen to suggest or support the idea of appendicitis. The pain, the tumor, its location and the period of its existence, were symptoms suggestiv of cancer, as the attendant thought, but in the end proved to be not correct.

If these few cases are of any help to Dr. Brand, he is welcome to them.

FRANK R. BRUNNER, M.D.

Eshbach, Pa.

Points in Practise.

Editor MEDICAL WORLD:—I am glad to see your endorsement of the use of blisters in appropriate cases. I have used them during all my professional life, and they are very satisfactory in the cases indicated in your editorial.

In cases of peritonitis, especially after the acute stage is past, there is no remedy equal to them to stimulate the absorption of the effused products of inflammation. Also in frequently recurring cases of ovaritis, gastritis, peri-hepatitis, pelvic peritonitis and many other inflammatory diseases, they are the most efficient treatment.

Plasters also have their uses, and the practitioner who neglects their use is certainly not acquainted with their beneficial effects. When I was a country physician I bought capsicum plaster by the yard and used it extensively. It don't seem to me that we get as good plasters of that kind as we formerly did. The manufacturers are too stingy with their capsicum.

Liniments are very useful, especially in neuralgia and muscular rheumatism. The following is one of my best prescriptions for these ailments :

R	Chloroform	ss
	Tinct. aconite	āā oz. ss
	“ belladonna	
	“ opium	
	“ camphor	āā oz. j

M. Sig.—Shake well and apply three or four times a day.

In lumbago, intercostal neuralgia and kindred diseases, it will be found very efficient. All liniments should be rubbed in well, keeping the affected part close to a heat of some kind. The above is good for toothache also. Saturate cotton and insert it into the cavity ; also rub it on the gum.

For acute pharyngitis the following gargle is useful :

R	Chlorate of potassium	dr. j
	Tannic acid	grs. xx
	Glycerin	fl. oz. j
	Hot water	fl. oz. iij

M. Sig.—Use as a gargle every two or three hours.

For chronic pharyngitis I have found the following useful :

R	Fluid ext. of hamamelis	
	Glycerin	āā fl. oz. j

M.—Take one teaspoonful into the mouth, and let it run into the throat, and retain it for some time, making it come in contact with the vault by working the base of the tongue up and down.

A saturated solution of alum and glycerin will be found useful also in pharyngitis, and in the different forms of sore mouth. This preparation should be held in the mouth and throat for some time. Applied with cotton on a probe, it is a splendid remedy for catarrh of the nose. It should be applied at least once a day.

For bruises, sprains and black eye, tincture of belladonna is the best remedy I have found :

R	Tinct. belladonna	fl. oz. j
	Water	fl. oz. iij

M. Sig.—Apply a soft cloth saturated with the remedy, and over this a piece of oiled silk to prevent evaporation, or its absorption by the bandages. It ought to be renewed every half hour, or hour.

Castor oil will remove warts if applied regularly for a week or two. (I made this discovery and published it in 1882.) It must be persisted in, and they will leave no scar behind, nor will it produce any soreness. Try it.

The best way (in my experience) to treat burns is to apply the old fashioned carron oil for two days, then spread oxide of zinc ointment on soft muslin cloths, and apply it. After a week or two, skin grafting is the proper procedure.

I have had a very interesting case of eczema of the mouth and face lately, with secondary infection of the lymphatics of the neck and jaw. I never saw as extensive swelling before. Almost the whole neck was involved. A physician had tried everything he could think of. I applied citrine ointment to the sores and they commenced to heal at once, and in four or five days the face healed. For the glandular trouble I gave the child (3 years of age) ten drops of syrup of iodide of iron internally three times a day. For external use I applied the iodine mixture mentioned in the December WORLD, page 479, and when the skin got too sore I applied an ointment composed of :

R	Potassium iodide	dr. ij
	Lanolin	oz. j

M. Sig.—Rub in well twice a day.

Rapid improvement took place. The appetite became good and the swelling past away.

If Dr. Ritter will look on page 252 of July, 1900, *WORLD*, he will find there already described, his method of stretching the prepuce, as he describes in the December number, page 469.

The Editor wishes to know if there are any medical journals whose methods remind us of patent medicine almanacs? I will refer him to St. Louis journals. He will have no trouble in locating the one referred to. I understand that the editor of that journal is financially interested in several of the proprietary remedies he constantly recommends. I don't know how true this is.

I am not disposed to condemn the virtues of many such remedies, and yet they are (in a sense) secret remedies. I am confident they are making "piles" of money, and also that they depend upon the regular profession to help them out. One agent told me lately that the firm he traveled for would manufacture 3,000,000 bottles this year. It retails for \$1.00 "per," making them an immense profit. Now when the members of the profession have no secrets, but make known every little discovery, sometimes to their loss, and seldom to their profit, is it right for us to give them our services? Lately I was offered a pretty snug sum if I would write a paper recommending a mixture of this sort. I refused point blank, and told the agent that I did not think his remedy amounted to much. As badly as I needed money—and most doctors need it pretty badly—I could not write for him and do justice to myself, nor to him. I am satisfied now, that many of the "slick" papers recommending such preparations are paid for. It is time the profession was "looking a leedle oud," on this question. For my part, I don't intend to be gulled—any more than I can help!

I consider the above a "point in practice."

I must commend Dr. J. T. Anderson for his able paper on pneumonia. (December *WORLD*, page 471.)

Dr. Cope wants to know "where we are at." The above thoughts on proprietary secrets will indicate where we are getting to. If we don't look out we will be "yanked" and hauled about until we will be in a dazed condition, and will feel like a blind man will when the world comes to an end. "Common sense" is surely our haven of repose. S. C. DUMM, M.D.

Columbus, Ohio.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Does the Body Change Completely every Seven Years?

I have a number of patients who believe that every seven years the whole composition of the body is changed so that we are entirely different individuals. One gentleman, who has recently past his three score and ten mark, claims to have been able to note certain climaxes (as it were) for several months before and after the seventh year period during his life, and also claims to know others who have made similar observations. What do you know about this?

"INQUIRER."

Philadelphia.

[A boy once had a knife to which he was very much attached. One day he broke the blade; but instead of getting a new knife, he had a new blade put in the old one. About a year thereafter he broke the handle; but his love for the "old" knife prompted him to get a new handle, instead of a new knife.

QUERY: Was it then the same old knife?

However, this is not a fair comparison with the physiological processes. It is said that the processes of physiological change amount to a complete change in the material molecules of the body in a period of about seven years. But there is no particular beginning or ending of these periods. You might, to-day, say that your body is made up of different molecules from those that constituted your body seven years ago (perhaps excepting the enamel of the teeth). You might say the same thing to-morrow, and next day, and every day of this year, and of every year. There is no possibility of any "climax," unless it be a continuous one.

The inter-relations among the molecules are much more intimate than between the knife handle and the blade, and the changes take place constantly and insidiously. The replacing of the old by the new is so exact that identity of the whole is constantly maintained. Neither mind nor disposition seem to be changed by this molecular change. But when we consider the span of a human life, from infancy to

old age, many changes occur: growth and development in childhood, apparent equilibrium in adult life, and degeneracy in old age. The idea that a human life is divided into periods of seven years each, and that a complete change takes place in each of these periods, is ridiculous; for molecular change takes place very rapidly during infancy, less rapidly during childhood, and very slowly in old age.—Ed.]

"Cuban Itch."

Editor MEDICAL WORLD:—We have a contagious, eruptive disease nearly all over Missouri. Some of the physicians call it Cuban itch. Do you know of any disease called Cuban itch? The disease resembles a light form of small-pox; that is, it has symptoms and eruption the same.

J. R. VAUGHAN, M.D.

Sledd, Missouri.

[We have never seen this disease clinically, but considerable attention has been devoted to it by western medical journals. The name is given it by the laity, and is unscientific and meaningless. The first outbreak occurred after the return of the volunteers from Cuba, and thus the name "Cuban itch" has spread over a number of states. We have reports from Colorado, Utah, Missouri, Dakota, and other western states describing its ravages. In some places it has been declared true small-pox of the mild form, and quarantine regulations have been enforced; in many other places it is held by both profession and laity, much as they estimate the vulgar itch—as somewhat of a joke. The consensus of opinion is that it is highly contagious; tho rarely, if ever, fatal. Until this matter is definitely settled, it appears to us that the Missouri doctors have a wonderful opportunity opened to them. If this disease be true small-pox in a mild form, it should be definitely diagnosed. If a new disease has assailed our people by reason of foreign contact, we ought to know it, and we can depend only upon the physicians who come in contact with it to diagnose and classify it. Surely any observant physician may be certain of his diagnosis in an epidemic of small-pox, when he has seen a number of cases, and has had the opportunity of investigation, and the benefits of vaccination, and opportunities for ferreting out the channels and methods of infection. If it is not small-pox, what is it? Numerous works on skin diseases will lead to light on every old skin

disease that has appeared in any part of the world. Get them. Peruse them. Then if you find any symptom or circumstance that will not tally with their records, report it immediately to THE WORLD. We have none of this disease in the east. Careful search of the latest dictionaries, works on medicine, cyclopedias on medicine, and medical literature, give no information regarding anything in the nature of "Cuban itch." The disease is either new to the U. S., or it has been misunderstood and diagnosed (?) by mental cripples. When you have studied well the magnificent works now extant on skin diseases, and find no aid, then send us minute, accurate and full reports, and we will study the matter together. We will ask the whole WORLD family in the west to comment, aid and suggest.—Ed.]

Editor MEDICAL WORLD:—I would like to know of what ingredients "The Seven Sutherland Sisters' Hair Grower" is made? I should feel grateful if you would publish, at least approximately, what the mixture is made of.

San Francisco, Cal. DR. J. SOBOSLAY.

SEVEN SUTHERLAND SISTERS' HAIR GROWER.

"The Lucky Number Seven."

"An elegant hair dressing. A sure hair promoter. Will permanently stop hair from falling out. A preparation free from irritating matter. For preserving and beautifying the hair, and rendering it soft and glossy, it is the best. Prepared only by the Seven Sutherland Sisters, Lockport, N. Y.

The container is a square, panel bottle, with name blown into the glass, and holds 3½ fluid ounces of a nearly colorless liquid, having marked odor of bay rum and distilled extract of witch-hazel. Examination shows that the following formula makes a preparation substantially identical with the secret "hair grower":

Stearns's bay rum.....	7 fl. oz.
Dist. ext. of witch-hazel.....	9 fl. oz.
Common salt.....	1 dr.
Hydrochloric acid (5 per cent.)..	1 drop.
Magnesia.....	sufficient.

Mix the bay rum and distilled extract of witch-hazel, and shake with a little magnesia; filter and in the filtrate dissolve the salt and add the hydrochloric acid. The agitation with magnesia causes the preparation to assume a yellow color; but by rendering it very slightly acid, with one drop of 5 per cent. hydrochloric acid, this color all disappears.—New Idea.

Editor MEDICAL WORLD:—I would like to present a case of chronic ulcer to the WORLD family of readers for suggestions. For ten years or more the nail on the

great toe of the patient has been black, but a year and a half ago a small point on the end of the same toe became black as the bruised and continued to degenerate into an ulcer. It enlarged till it became the size of a five cent piece. I saw it first three months ago; the edges were black, the center depressed, a slight discharge and the general appearance indicated lack of vitality. I have applied a great variety of irritants to stimulate granulation, antiseptics and food applications, bovine, protoneuclein, etc., but all of no avail. At times the granulations have become healthy looking, but in 24 to 48 hours would again relapse into the degenerate appearance. Several times under cocaine I have curetted the ulcer. The patient is about 50 years of age, in good general health, and very active. The ulcer is not painful except when irritated. Under treatment the discoloration has disappeared but otherwise there is no improvement.

Would like to have suggestions from WORLD readers as to treatment in this case.

R. A. FRENCH, M.D.

Petaluma, Cal.

[Read up on peripheral gangrene.—Ed.]

Bad Breath.

Editor MEDICAL WORLD:—This case I have had under observation for the past two years. It has existed for at least ten years. Simple and trifling as it might seem, yet it has perplexed me and mortified my patient. It is a case of the most horrible breath that can be imagined. To use the husband's words, "if all the stinks I ever smelled were combined, they could not equal this one." Patient, aged forty-four, and to all intents and purposes seems to be the very embodiment of health; menses regular (somewhat offensive, however), appetite good, digestion perfect, bowels regular, teeth in good condition. I fail to find any indications of catarrh; patient clears throat a great deal, but inspection of throat reveals nothing. I get most of my information from the husband, who, by the way, is very intelligent and a close observer. He tells me that the smell emanates from the mouth entirely. It is not perceptible when mouth is closed. Another feature about the case is that it is also entirely absent during the day. It is noticeable only after patient has been asleep, as in the after part of the night and early

morning, when it is very bad. Now, can such a condition exist with perfect health, as this patient certainly seems to enjoy? It seems impossible to me. If not, where shall I look for the trouble? Diagnosis mostly wanted, but suggestions for treatment also thankfully received. I could not get along without THE WORLD.

Indiana.

A CONSTANT READER.

Cause of Anencephalia.

Editor MEDICAL WORLD:—I wish to call the attention of the readers of the WORLD to the following case:

A lady 40 years of age menstruated last on April 1st. In June, lost two children by death. In early part of July her small child struck her in the abdomen, and three days thereafter she "commenced to flow," with dizzy and sick spells of over an hour. Since then had severe pain in left side, with inability to remain sitting; the only comfort to her was when lying on her right side; continual headache and tired feeling. On December 1st I was called because she had cramps; on examination I found she was in slight labor pains. At four in the afternoon she felt a continual dropping of water; at 4.30 a gush of water—fully a pail full. Saw her at 5 o'clock, found feet presentation but knees flexed; delivered only to find child of 7 pounds with anencephalic head.

What I would like to have is an open discussion in THE WORLD on above case, as to cause and frequency of such cases.

FRED. P. LOWENSTEIN.

Westfield, Mass.

Oil of Turpentine for Ringworm.

Editor MEDICAL WORLD:—Tell Dr. Gunn, of Benton Harbor, Mich. (see November WORLD, page 431), to make local application of turpentine every two hours to the ringworm. Would like if he would write me when cured.

I like THE WORLD and think you can count on me as one of your family hereafter.

J. B. CRAIN.

Braddyville, Iowa.

In the article on page 387, October WORLD, middle of second column, it should be per-chlorid of iron, not chlorid, or the results will not be satisfactory.

F. O. NASH.

Hollister, Cal.

In the December issue, page 470, first column, 17th line from bottom, should read "jambul," instead of "sumbul."

Current Medical Thought.

Suicide in the Army.

The morbid lay sentimentality attach to the return of insane soldiers from foreign service, and to the weird reports on "increasing suicide" in foreign climes, has had a check in Surgeon General Sternberg's report on homicide and suicide in the U. S. Army since 1888. It proves that there were fewer murders, in proportion to the number of troops employed during the last two years, than in all the ten former years. It shows that the mean annual ratio of suicides per 1,000 men was greater in the quiet garrison life at home than in the excitement of foreign service and conflict. The cranks will now proceed to hunt newer, even the false and imaginary, accusations against the medical profession, humanity and the government.

Present Bills to the Proper Parties.

According to Wisconsin law, it is provided (Sec. 1512 Revised Statutes) that if any non resident become sick, lame or disabled in any town, city or village, or from any other cause (as poverty) shall need relief, the supervisors, or other authority, shall furnish such assistance as they may deem necessary, and make allowance for medical aid, etc., as they may think advisable, and shall order the same to be paid out of the town, city or village treasury. The same statute requires the said authorities to notify the county clerk within ten days after such person so becomes a public charge. Upon such information the county authorities may remove him to the poor farm, or take such other action as they see fit. Under the provisions of this statute, in the case of Ebert vs. Langdale County, the chairman of a town gave due notice to the county clerk, and the two officials agreed to employ a physician, who was to render his bill to the county clerk for payment by the county. After the bill was thus filed, a taxpayer brought action to enjoin the county from issuing an order on the said audited bill. The Supreme Court of Wisconsin sustained the taxpayer, on the ground that it was the town who was the debtor of the physician, and that he had no enforceable claim against the county. The claim, the decision continued, should have been presented to the town board

and audited by them for payment from the town treasury, and a claim should then have been presented by the town against the county for reimbursement. It was not considered a case for injunction, however, since the county was plainly liable; the decision was only made because the statutes were not strictly enforced.

[The physician cannot be too careful in making out bills for corporations or municipal or county organizations. It is certain that some one will gladly pick a flaw. It is always best to be certain who is responsible for the bill, and to have witness to that effect, either as a bystander or in writing; unless one intends to render services for pure charity, which is worse than idiocy when an incorporated body have declared themselves liable or willing for payment.—Ed.]

Discolorations of Tongue.

The following discolorations of the tongue may be caused by the use of the articles named. Such information is valuable in cases of malingering, and in doubtful cases of discoloration it is well to remember it.

Black :—Ink, red wine, berries, cherries, steel wine, iron preparations.

Brown :—Tobacco, licorice, fresh nuts, prunes.

Brown-red :—Chocolate.

Yellow :—Saffron, laudanum, rhubarb.

Red :—Red quinin, rhatany, berries, cherries.

The effects of caustics are :

Grey-white :—Sulfuric, carbolic, or oxalic acid.

Yellow :—Nitric acid, if superficially burnt ; chromic acid.

Red :—Acid nitrate of mercury.

Grey and gelatiniform :—Caustic potash.

White or pearl grey :—Nitrate of silver, corrosiv sublimate.—Butlin, Diseases of the Tongue, 1900.

It is an interesting and gratifying fact that the per capita consumption of distilled spirits in this country has been diminishing during the past two generations. It is now only two-fifths of what it was sixty years ago. While the per capita consumption of wine is much less than it was twenty years ago it varies with prosperous or deprest conditions of general business. However, the consumption of malt liquors has increast almost steadily.

Pneumonia.

Varieties and symptoms	HYPOSTATIC. (Hypostatic congestion; splenization of the lung.)	CROUPOUS. (Lobar pneumonia; lung fever; pneumonitis.)	CATARRHAL. (Broncho, lobular, or insular pneumonia.)	CHRONIC INTERSTITIAL. (Cirrhosis of lung; chronic pneumonia; pulmonary induration.)
ETIOLOGY	Low fevers; chronic wasting diseases; blood dyscrasias; weak heart; long continued recumbent position.	Lowered vitality, as from any fever; diabetes; Bright's disease; severe exposure; chronic alcoholism.	Follows bronchitis, or occurs as a complication of children's diseases, or in diseases of low vitality.	Commonly found in connection with fibroid phthisis, in syphilis, or in those accustomed to the continued inhalation of dust from coal, stone or metal.
SYMPTOMS	Slight dullness on percussion; subcrepitant rales; feeble bronchial breathing; dyspnea; cough, and slight expectoration.	Stage of congestion, followed by stage of consolidation; not always separable clinically. Chill, pain in side, high temperature, marked dyspnea with "prune juice," or "rusty" expectoration, flushed face, cough, marked dullness over affected portion of lung. Commonly ends by crisis about the ninth day.	Gradual onset, with cough, irregular fever and prostration. Dyspnea and very rapid pulse. Muco-purulent expectoration, pale anxious face, and bluish lips, sibilant rales and bronchial breathing.	Moderate dyspnea, chronic cough, fetid expectoration, either profuse or scanty. No fever. Vocal resonance increased. Breathing may be either bronchial or cavernous.
TREATMENT	Prevent development in asthenic cases by cardiac stimulants and frequent change of position. Turpentine and dry cups externally; alcohol, strychnin, digitalis, ammonia, and turpentine internally.	Liquid diet; cotton jacket next the skin of chest. In stage of congestion, veratrum viride; in stage of consolidation, strychnin, ammonia, digitalis, alcohol, quinin, turpentine. For pain: hot applications, wet or dry cupping, opium. For delirium: musk, camphor, bromides, hyoscin. If the fever be very high, the cold sponge, cold pack or cold bath. Tonics like iron, quinin, strychnin, and cod liver oil in convalescence.	Protect all patients with infectious fevers and bronchitis from drafts or sudden changes of temperature. Keep good ventilation, without draft, and temperature of room at 70°. Have the air kept moist by steam. Cotton jacket on the chest. Laxative on onset; stimulants and stimulating expectorants later. Cyanosis, with mucous bubbling in tubes, calls for an emetic—apomorphin or ipecac. Restlessness and delirium call for cool sponging, hyoscin, bromides, or chloral. In delayed resolution, use counter-irritants externally and iodides internally. Protract convalescence, and use tonics.	Always fatal in ten to twenty years. Treatment only palliative. Fresh, pure air at even temperatures. Hygienic surroundings, and remedies directed toward toning up the system, and relieving the cough.

Bronchitis.

Varieties and symptoms	ACUTE CATARRHAL.	CHRONIC. (Chronic Bronchial Catarrh, Winter Cough.)	CAPILLARY. (Suffocative Catarrh.)	FIBRINOUS. (Croupous; pseudo-membranous.)
ETIOLOGY	Exposure. Excessive or long continued inhalation of dust or vapors. Great debility. Gouty diathesis. Chronic heart diseases.	Continuation of an acute attack. Exposure. Chronic heart or kidney trouble. Old age. Gouty diathesis. Sudden changes in weather. Often in combination with asthma, phthisis, and emphysema.	An inflammation of the terminal bronchi, commonly following a severe attack of simple bronchitis. Apt to be a sequel in very old, or very young, or greatly debilitated patients. Often a complication of infectious fevers, diphtheria and influenza.	Exact etiology is unknown, but male sex, young adult life, and the existence of chronic pulmonary diseases such as pleurisy, asthma, tuberculosis, and emphysema, seem to act as predisposing causes.
SYMPTOMS	Chill, malaise, sense of constriction and soreness in chest. Considerable cough. Slight fever. The cough is "tight" at onset; later becomes free.	Obstinate cough. A persistent soreness in chest. Muco-purulent expectoration. Dyspnea on exertion. Both moist and dry rales. Rarely any fever.	Cough comes in paroxysms, and in children is frequently without expectoration. Respirations very rapid. High fever. Weak and rapid pulse. Dyspnea. Bluish lips, cold extremities, anxious expression. Sibilant, or fine, moist crackling rales. Death frequently results in a few days from exhaustion and asphyxia. The older the patient, the better the prognosis.	Both acute and chronic forms are recognized, but latter is more common. Chronic cough with fibrinous plugs and casts of the bronchioles in sputum. Paroxysmal dyspnea. Physical signs are only those of chronic bronchitis. In acute form, death from suffocation is not rare, and prognosis should be guarded.
TREATMENT	Turpentine, mustard or iodine to the chest. In the early stages the sedative expectorants, such as vegetable salts of potash, antimony, ipecac, with an opiate. Steam inhalations of turpentine or vinegar. When expectoration is established, the more stimulating expectorants: squill, senega, terabene, tar, eucalyptus, or chlorid of ammonia.	Careful regulation of food, air, diet, bathing, exercise, and sleep. Treat any heart or kidney disease as primary. Tonics, such as iron, strychnin, hypophosphites, or cod-liver oil. Alteratives; steam inhalations; counter irritants; stimulating expectorants.	Warm, moist temperature in room. Cotton jacket and turpentine to chest. Liquid, but nutritious diet. Stimulants, quinin, and stimulating expectorants. Absolute rest. Cool sponging or baths if fever be high. Mild emetics, if dyspnea is marked.	Keep air of room warm and moist. The treatment is best instituted by a few small doses of calomel followed by potassium iodid. Steam inhalations. Counter-irritants over chest. If the dyspnea be severe, mild emetics will aid in expulsion of the casts and fibrinous plugs.

Combine for Protection.

The Common Council of Ludington, Michigan, offered the health officer of that town the munificent sum of \$75.00 per year. The physicians entered into a combination, each of whom bound himself not to accept the position for less than \$300.00 a year. The council surrendered, and one physician was appointed at the salary asked. Any other body of physicians can do the same whenever the attempt is made in a proper manner. Almost every influence is combined against the physician, but the physician cannot seemingly grasp the idea that he must enter combinations to meet all such powers and influences.

How Shall Tuberculous Cattle be Disposed of?

It is quite evident to the most unlearned that tuberculous cattle are not fit animals to furnish milk nor to walk the planks of the abattoir. To those interested in the subject it is a well known fact that there are very few sections of the country where tuberculosis among cattle is not readily found upon investigation. The disease is not confined to one class of cattle, but is fully as common in the beef animal as in the milk cow. It is rarely found as an isolated case; more than one animal in a given herd is generally found to be affected. No class or degree of animals may be declared free or exempt; indeed, it is generally the finest herds which are most deeply saturated. A recent examination of the herd on the Reedhurst farm near Erie, from which milk had been sold at a market advance in price owing to the exceptional health of the cattle and the care in the handling of the product, demonstrated the fact that 95 per cent. of the animals had tuberculosis. Unquestionably the udder of a tuberculous cow gives forth the most death dealing fluid used by man as food. No thinking man admits the right of the owner of a tuberculous cow to use her products as an article of sale. Were the cases isolated, rare, or easily detected, the problem would be easy. Let the unfortunate owner allow the animal to be killed and burned by the state authorities, accept the small amount allowed him, and pocket his loss as quietly as possible for the good of humanity.

But the case is vastly different. Many men have their entire possessions invested in cattle that they have carefully selected for dairy purposes. The slaughter of these cattle would bankrupt their owners, as the

allowance from the state is but a few cents on the dollar of the value of the animal. Most often the majority of the herd are affected and respond readily to the test; but what about a guaranty of the health of even those who fail to respond? Have they not been in intimate association with the affected animals for a length of time sufficient to permit their becoming infected, or at least to place them under strong suspicion, tho failing to respond to the test? All such animals should be disposed of in such manner as to leave no question as to whether they will again jeopardize life and health. Such disposal is the prerogative of the state; but it is also the duty of the state to reimburse the owner reasonably for the value of the animals destroyed. How can this expense be met? If all the tuberculous animals in the commonwealth were destroyed and paid for at their actual value, it would almost bankrupt the state. Yet until this is done, all efforts at stamping out the curse are futile. What ought to be done is plain; how to go about doing it is a great problem. Any good citizen might be induced to sacrifice a few animals; yet few men could willingly bring themselves to the level of paupers, for the sake of the state and humanity, by consenting to the destruction of their entire herds. Yet nothing less can be satisfactory if the great white plague be found. Even after the total annihilation of the herd, the stables should be thoroly disinfected under the supervision of a qualified state official. The expense would be far beyond the imagination of the most radical statistician. With no provision for reimbursement; with superficial examination; with every inducement held out for the owner to conceal suspected cases; with thousands of herds unsuspected and uninspected; one must wonder, "what good?"

The scheme proposed by a recent writer: To condemn the herd, isolate it, forbid the sale of any animal, and in time, make a re-examination for the purpose of releasing uninfected animals, is impracticable on its very face. It would take a standing army to enforce it, and in the meantime the infected animals would infect others, and by their very existence imperil and jeopardize the safety of human beings. The plan of isolation is bad enuf in human victims, but vastly worse in the case of the animal. It is only a makeshift. In the animal the action should be emphatic and decisive in so far as that individual is concerned.

There should be a qualified state inspector, with a numerous staff. Every year he should cause every dairy herd in the limits of the commonwealth to be inspected, and if found suspicious, tested. If any respond to the test, they should be immediately destroyed, and the owner reimbursed; and the balance isolated for a given time and again re-inspected and tested. If the second examination reveal the disease, every animal in the herd should be at once destroyed. Only radical measures can cope with this phase of the great problem.

Other countries have razed towns in the effort to stamp out this greatest of all scourges, yet we hesitate on the account of the cost of cattle. The only way to dispose of the tuberculous animal is to burn it, and have the state reimburse the owner. Nothing less will do. To do less is to toy with death.

The Latest and Most Accurate Method of Testing for Albumin in Urin.

Greene, in his book on Examination For Life Insurance, just from Blakiston's press, declares that the older methods of testing for albumin in urin are fallacious and misleading. He gives the following plain and simple rules whereby one may be absolutely certain of the truth of his conclusions after making the test:

"The essentials of a good test for albumin are:—Simplicity, a reasonable degree of delicacy, and decisiveness. When a test for albumin is properly made, any haziness or opacity is abnormal. Hold the urin toward the light, with the coat sleeve for a back ground. If held against the source of light, even a well mark albumin ring or haze may be overlookt. The urin must be absolutely clear before any test for albumin is applied. To a portion of the urin add two or three, but not more than five or six drops of acetic acid (50 per cent.). Filter until absolutely clear. If cloudiness persist after filtration, it is probably due to bacteria, which may be removed by shaking with barium carbonate and again filtering. Set aside a portion for comparison. Add to the remainder one-sixth of its volume of a saturated aqueous solution of common table salt. Boil and compare with the unheated specimen, holding both to the light. Any precipitate or cloudiness is due to serum albumin. The amount of time involved

is trifling, and the test is extremely definite and delicate.

"The potassium ferro-cyanid test is beautiful:—into a clean test tube pour a dram or two of acetic acid (50 per cent.); to this add twice its volume of an aqueous solution of potassium ferro-cyanid (one to twenty). Shake the mixture and overlay with the suspected urin, as in the contact test with nitric acid. Albumin, if present, appears at once as a band or ring at the junction of the two fluids. It is essential that the full amount of the acetic acid be added, otherwise even a considerable amount of albumin may escape detection."

The following remarks will be new to many of us:—"A curiously persistent idea is entertained by physicians that the early morning urin furnishes the best clinical evidence. This is quite contrary to the truth. The best specimen is that of the mixt urin for twenty-four hours, but that portion most likely to show departures from the normal is excreted about three hours after a meal, and preferably after exercise. The early morning urin is not infrequently quite normal in persons suffering from diabetes or interstitial nephritis, whose urin may always contain sugar or albumin after meals."

Danger from the use of Strychnin in Inebriety.

When strychnin is given in continuous large doses to inebriates, two very markt conditions appear. One is that of general depression, with muscular and mental feebleness and indisposition to all activity; all thought and desire for spirits pass away; and altho the mind is clear, energy and ambition to do more than is absolutely necessary is absent. The conviction that spirits will never be taken again is emphatic and clear, and the certainty of a cure is uppermost in the mind. The appetite is good and sleep is without dreams, and no anxiety or care about any present condition exists. The second general condition is the opposit, and is markt by periods of excitement, both mental and muscular. The same confidence of cure and absence of desire for spirits exists. The mind seems alternately clear and dull. In the dull periods apprehension and a feeling of insecurity and suspicion of disease and trouble exists. In the excited period there is trembling, hypersensitiveness and great elation. Dreams occur at night, and

strong disposition to be engaged in something all the time. Emotional states and muscular agitations come and go with the disposition to work it off by incessant activity. When strychnin is withdrawn, both of these conditions pass away, or improve to such an extent that the origin is apparent.

Persons who have taken the "Gold Cures" often display these two conditions, and speak of the profound impression which the medicines make on the mind and body. In some instances the stupid stage never passes away. Such persons exhibit a degree of mental and muscular feebleness the rest of their lives. It is evident that strychnin is a very unsafe remedy given indiscriminately in inebriety. Persons who suffer from the irritable stage following the use of this drug frequently relapse, drinking to greater excess than before, with more prostration and general feebleness. Where strychnin is used to produce a disgust for spirits the result is very unsatisfactory, and it is doubtful if more harm does not follow than good. The impression from the strychnin extends to all the functional and organic activities of the body, and when continued becomes a new source of poisoning, with still further organic derangements. Using strychnin with spirits is still more dangerous, and is often followed by low states of delirium and spasmodic conditions, which disappear when the drugs are withdrawn. In these states the increased heart's action, with muscular trembling, is followed by a marked rigidity and tension of the muscular system which calls for more spirits until states of paralysis follow. Strychnin is, no doubt, a valuable tonic, in very small doses for a few weeks, after the alcohol has been removed. Care should be exercised to discontinue its use on the first appearance of sedation and muscular excitement. It is to be remembered that many cases are very susceptible to the action of strychnin. In all probability the palsy from alcohol increases this susceptibility. These states should be recognized as possible in all cases, even when small doses are given for a long period. It is doubtful if strychnin can be used in all cases with safety, and usually it is inferior to nux vomica and many cinchona preparations.—Editorial from *The Quarterly Journal of Inebriety*, October, 1900.

How to Disinfect Rooms.

Sulfur dioxide is frequently employed for purposes of disinfection on account of the little risk and trouble connected with it. It probably kills germs not containing spores if sufficiently concentrated and in the presence of moisture, and is, therefore, useful in the fumigation of rooms and of articles that can not be subjected to steam heat or chemical solutions. But it will bleach and tarnish many articles, and for this reason and the fact that it is much inferior to formaldehyde, it will hereafter probably be almost entirely supplanted by the latter whenever that can be obtained. To secure sufficient concentration at least three pounds of sulfur should be burned for every 1000 feet of air space, care, of course, being taken that there may be no risk of igniting the floor or any articles in the room. Before the fumigation of a room with sulfur dioxide or formaldehyde, all apertures and crevices in the walls, ceiling or floor should be carefully closed from the outside to maintain the gases in as concentrated a state as possible during the process, which should continue for at least twenty-four hours in the case of sulfur and not less than six hours with formaldehyde. After fumigation, the room is thrown open and well aired, and then thoroughly cleansed with a corrosive sublimate, carbolic acid or hot soda solution, 4 per cent. of the latter being both cleansing and disinfectant.—Hygiene and Sanitation (Egbert) Nov. 1900.

Thermo Therapeutics.

Heat, variously applied, has been, for centuries, the great household remedy for all localized inflammation, as well as a most potent resource to the physician.

Modern scientific handling of this power in nature, as in electricity, is constantly widening its sphere of usefulness to mankind.

I have the names of thirty-three cases treated recently by hot air. I have used during the last year six different kinds of heating apparatus, none of which have been altogether satisfactory. The first two I used nearly set the patient on fire. They were too small. A large limb would come too close to the sides of the cylinder. The next one I tried was an ordinary Betz. In this one the heat came from the end instead of the center. A knee could not be heated without heating the whole leg,

and the greatest heat would come at the wrong place. I had a second burner put in the center of this one which improved it. I next secured a larger apparatus in which both legs could easily be placed. I have never had any unpleasantness with this one except I could not bring the temperature above 300 degrees F. It took me a long time to find out that the kind of gasoline used made a difference.

I have had some very bitter experiences. To begin with the cases I will take first a man forty-five years of age, weighing near 200 pounds. Good family history, but a personal history of occasional attacks of inflammation of the big toe. Patient claimed he was a "plain eater". By this he meant he only took a moderate amount of wine, champagne and meat. He had, at the time of treatment, an inflamed knee joint slightly reddened and tender, two inches difference in measurement as compared with the other knee. I put his leg in an apparatus where only the knee was exposed to the heat. The temperature reached 350 degrees F. when I discovered the toweling, in which the leg was wrapt, was afire. The apparatus was so small that the toweling around the leg came too near the cylinder. The patient was not burned enuf to prevent putting his leg into a different machine in a few days. This treatment was followed up faithfully in his case, but I cannot state positively how much it modified and cut short this attack. I am skeptical as to its efficacy in this case. To differentiate the doctor's work from nature's work, considering the self-limitation of disease, is, fortunately for the physician, frequently impossible.

The next interesting case was an inflammation of the leg of traumatic origin. I gave the leg a good heating and this was the last I saw of him. The other day I heard he had made violent threats, stating I had roasted his leg in one of those "dofunny" burning machines.

Another markt failure was that of a man in the seventies. It was a typical case for this treatment. A subacute, articular and muscular rheumatism with considerable adhesions. I gave him repeated treatments, after which he had to walk several miles in the country in the cold. He left me worse off than when treatment was begun. Two months later he came in and paid his bill, and very courteously thankd me, stating he grew constantly worse until he stopt all treat-

ment and had been gaining rapidly ever since.

The next failure was a barber with a pain in his left iliac and lumbar region. So much for the failures.

To begin with the cases more successfully treated I will take first a man with a bad ankle. Traumatic adhesion caused by an old fracture together with rheumatism, gave him an ankle that had cost him a great deal of suffering as well as money. The hot air treatment made his ankle feel the best it had since his accident. In five days he returned, stating if his ankle was not so much better he would sue me for the beautiful blister he had on his heel. The benefit the intense heat did in this case was positive.

Another more markt case than this was that of a skeptical old fellow that I never knew to consult a doctor. To accommodate his wife, he came in to (be experimented upon, as he put it. Rheumatism of the shoulder joint allowed but the slightest movement. After one hour's treatment he raised up his arm quite freely, and said "that beats h——." This man had been unable to work for weeks. With three treatments he was so much improved that he has continued work ever since. Another equally successful case was a boy twelve years of age who had been laid up the greater part of the summer with inflammatory rheumatism, leaving one leg flexed at an angle of 90 degrees. Medicins, liniments, etc., had no appreciable effect. Hot air treatment was given him for one hour every day combined with massage and passive motion, which was continued for several weeks. There was a constant positive improvement. To-day he uses the leg nearly as well as ever.

A man with a sprained ankle came limping into the office with crutches. After one treatment he walkt off freely on his foot stating that it felt as good as ever. I will not at present go into the rest of the cases. The list includes acute, subacute and chronic muscular and articular rheumatism, gonorrheal rheumatism, traumatic synovitis, arthritis, teno-synovitis, sprains, inflammation from various causes, varicose ulcers, gout, fibrous ankylosis and perichondritis. It also includes a case of rheumatoid arthritis and one of syphilitic nodes. The hot air treatment of the last two cases was a failure. All of these cases, except the

reported as failures, were either benefited or cured. In most of them relief followed the first treatment. Summing up these thirty-three cases 80 per cent. have been relieved or cured.

Considering the intractable nature of most of these cases under the usual methods of treatment the question arises: Is the hot air treatment receiving at the hands of the profession the recognition to which its merits entitle it?—Dr. C. H. Cushing, of Elyria, O., before the N. Ohio Med. Soc.

has been shown again and again by statistics of undoubted reliability that the mortality in pneumonia may be reduced to four or five per cent. by the judicious use of hydiatic measures. The cooling compress (applied at 60°, changed every fifteen to forty minutes), the prolonged neutral bath (88°–94°), and especially wet-sheet packing prolonged to the sweating stage have been shown to be therapeutic measures of the highest value in the treatment of this grave malady.

The writer had a good opportunity to

Form for Prescription Blank.

Can anyone improve on the following form for a prescription blank?

Dr. A. L. RUSSELL,

Midway, Pa.

OFFICE HOURS:
UNTIL 10 A. M.
AFTER 6 P. M.

R

TO THE DRUGGIST—

THIS PRESCRIPTION MUST BE FILLED WITH PURE DRUGS ONLY. SUBSTITUTION IS NOT PERMITTED UNDER ANY CIRCUMSTANCES.

THIS FORMULA IS INTENDED FOR ONLY, AND FOR THIS STAGE OF THE CASE, AND MUST NOT BE REFILLED WITHOUT MY WRITTEN ORDER.

The Rational Treatment of Pneumonia.

Sir Hermann Weber, in a recent article in the Practitioner, gives some interesting summaries respecting the results of different methods of treatment pursued in Bonn and in London in the treatment of pneumonia. The mortality is higher in Bonn than in London, being from fourteen to seventeen per cent., while in London the death rate is twelve to fourteen per cent. The remedies recommended are blood abstraction and tartar emetic, opium, and salicylate of sodium. One would not expect to see a very great difference in the results, whichever one of these remedies might be employed.

It is very strange indeed that the profession is so slow to lay hold of the powerful therapeutic means offered by hydrotherapy for combating this disease. It

observe the value of the hydiatic method of treating this disease a few months ago, on the occasion of a visit to Old Mexico. While spending a short time at the Guadalajara Sanitarium, Guadalajara, Old Mexico, we were asked to visit a Mexican gentleman who had been sick with pneumonia for one week. He had employed six physicians, and had finally been given up to die. We found the patient extremely low—pulse 146, respiration 44, temperature 104½°. The patient was so feeble that he could barely whisper, his lips were blue, and the skin cyanotic. Shortly after we first saw the patient he became so wildly delirious that four men were required to hold him in bed. He had had no sleep whatever for several days.

Vigorous hydiatic treatments were at once employed. The means consisted

chiefly in a short fomentation to the chest every three or four hours, followed by the heating compress at 60° and changed every twenty minutes. Cold mitten friction and the cold towel rub administered every two to three hours. The wet-sheet pack was applied and continued until evidence of perspiration appeared. The patient fell asleep during the second application of the pack, and awoke with his mind clear. At the end of three days, convalescence was established, and the patient made an excellent recovery.

It is interesting to note that so eminent an authority as Sir Samuel Wilkes (Practitioner, February, 1900) condemns the employment of digitalis, asserting that it will not lessen the pulse except when given in injurious doses. He also condemns blisters on the chest, and speaks disparagingly of the use of cold, but evidently because it has not been properly used. Continuous cold to the chest is not to be recommended in pneumonia, but intermittent cold applications, such as the cold compress applied at 60° and allowed to remain from fifteen to forty minutes, or a sufficient length of time to become warmed by the body heat, are exceedingly valuable. By this means the tendency to stasis in the pulmonary vessels is antagonized, and leucocytosis is encouraged. With each application of cold, the blood vessels are contracted, and the lung is, so to speak, squeezed, and the blood vessels are emptied of their contents. As the compress warms, the blood vessels of the lungs relax, and new blood flows in, bringing with it a fresh supply of leucocytes. By this means a continuous procession of fresh leucocytes is supplied to the lungs, passive congestion is antagonized, the vital resistance of the tissues is increased, the temperature is lowered, the heart action is sustained, and the healing powers of the body are thus aided in the restoration of the patient. Insomnia, cerebral congestion, delirium, and elevation of temperature are easily combated by means of the wet-sheet pack. In cases of hyperpyrexia, a cooling pack may be employed. In this the wet-sheet is renewed several times, the duration being lengthened each time. The first sheet is changed at the end of eight or ten minutes, the second at fifteen minutes, the third after twenty minutes. The patient is allowed to remain in the fourth sheet until reaction is complete and perspiration is encouraged, altho the pack

and operations, tho the work is should not be a cyclopedia of ophthalmology. one to two hours is a resume of Dr. Macken- not appear. The method of locating foreign bodies able in cases of the X-rays, a description that it congests and the work by Dr. Louis thus relieving both of the various mydriatic-cerebral congestion. anesthetics. Other minor Hydrotherapy certainly along the line of ther- most rational measure up to present standards. of pneumonia. With this subject.—A. L. R. practical knowledge of h

the mortality may be reduced, for students and gen- or even one fourth the pre- illustrations, including torial in Modern Medicine. ye Department, College of Columbia University, New York,

Methylene Blue.

Mrs. W., aged 40 years, came to my office prepared the first time a week ago, complaining in small space, pain in her legs from the knee full for as pain worst at night; she said she was not suited to could not sleep at night because of practitioners pain in her legs. She was given any who line blue in two grain capsules, one devoted taken after each meal and another at night—enough time.

You will remember when she was brought to us last week she gave the history of having had chills, which quinin failed to increase. Coming on with these chills there was a very marked vesical irritation. There was no blood in the urine, the irritation seemed to be due simply to hyperacidity of the urine. We gave her methylene blue for its antiseptic influence upon the bladder, and for its antiperiodic effect. It seems to have acted satisfactorily so far. In this connection I would like to lay some stress upon the usefulness of methylene blue as a substitute for quinin. Outside of being the means of coloring and disinfecting the urinary secretion, and acting beneficially upon catarrhal conditions which may take place in the digestive tract, we find that it has some very excellent properties. In hematuria of malarial origin it has given me better results than any drug that I have used, giving it until the urine becomes thoroughly blue, three grain doses three times a day being my rule. It is retained longer, a more diffuse action is secured, than any antizymotic or antiperiodic that we now have. In enlarged prostate and vesical irritation of the old characterized by much mucus in the urine, frequent micturition, etc., and in cystitis it has proven of the greatest service.

Now as a substitute for quinin in the treatment of malarial conditions alone; while it has not always given the results

reported as failures, were continued longer than from the first treatment. In most of the even if perspiration does the hot air treatment the pack is especially valuable for the reason that it stimulates the skin, and the pulmonary and the extension of the treatment afforded by the method, sent to one third the rate.—Editor.

Considering the in most of these cases u ods of treatment the hands of the profet which its merit Cushing, of Ely Med. Soc.

Came to us for explaining of Deep down, that she re of the methy ne to be at bed.

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ne experience with sea at the Jefferson August WORLD, 1899,

New Books.

American Illustrated Medical Dictionary. A new and dictionary of the terms used in medicine, surgery, pharmacy, chemistry, and the kindred branches; their pronunciation, derivation, and definition. Including much collateral information of an encyclopedic character. By W. A. Newman Dorland, A.M., M.D., Assistant Obstetrician to the University Hospital; Editor of the American Pocket Medical Dictionary; Fellow of the American Academy of Medicine. With numerous illustrations and 24 colored plates. Published by W. B. Saunders & Co., Philadelphia and London. 1900. Price, \$4.50, in plain red leather; \$5.00 with index.

A very handsome and complete volume of 770 pages. An ornament to any desk or library. It has flexible red leather back and sides and red edges, with gold title. Handsomely bound, it has also been superbly edited. Typographical excellence is matcht by a master lexicographer's thoroughness; the Doctor's long experience with preparation of medical dictionaries has made him nearly perfect in his estimation of what the busy doctor needs. There is no padding, yet it is all here. The tables are valuable as giving much information in little space and without tedious references. Paper is good; type has been well selected for the purpose, with heavy face for sub-headings, and cuts are clear and distinct. It is the latest and best dictionary we know of at anything like the price.—A. L. R.

A Text Book of Histology, including microscopic technique; by A. J. Bohm, M.D., and M. von Davidoff, M.D., of the Anatomical Institute in Munich. Edited with extensive additions to both text and illustrations, by G. Carl Huber, M.D., Junior Professor of Anatomy in the University of Michi-

Authorized translation from the second German edition by Herbert H. Cushing, M.D., Demonstrator of Embryology, Jefferson Medical College. Illustrations. Published by W. B. Saunders & Co., Philadelphia and London, 161 Strand. 1900. Price \$3.50.

459 pages, with extensive bibliographical references and index. The book is both complete, and has viewed the sub-both theoretical and technical stand- is equally well suited for the genera- and he who works along the lines of copy and histology. Fifty pages are preparation of specimens, mounting. Twenty-four pages are given over to ear and nose. No practitioner can appreciate the meaning of pathology, neither in his living nor at the post mortem table, unless he knows something of histology. Therefore we commend the study and advise the purchase of this book as one thoro and up to date, yet not too cumbersome.—A. L. R.

Uric Acid as a Factor in Causation of Disease. A contribution to the pathology of high blood pressure, headache, epilepsy, mental diseases, paroxysmal hemoglobinuria and anemia, Bright's disease, diabetes, gout, rheumatism, and other disorders; by Alexander Haig, M.A., M.D., Oxon, F.R.C.P. Fifth edition, with 75 illustrations. Published by P. Blakiston's Son & Co., Philadelphia, Pa. 1900. Price, \$3.00. Printed in Great Britain.

That five editions have been called for in eight years is proof enuf that Haig's thoughts and theories are appreciated as valuable. The newer methods of estimating the uric acid in the blood permit his assertion that "to measure the capillary circulation is to measure the uric acid in the blood." His great theme is diet thru the earlier pages of the book, and the "English propensity for cheese" is mentioned early. The language is "English" to a marked degree, tho we are not so sure but that "water" is not as good as "urin," when the reference is plain. He asserts that the salicylates annul the disagreeable effects of opium, and that in the salicylates we have a cure for the opium habit. He says cocaine affects uric acid as does morphin, and that such drugs as have the effect of producing feelings of happiness and well being in the sick (ill) have a deleterious effect as regards uric acid. His work is just such a one as the general practitioner likes to read; an actual record of painstaking experience in the search for truth. He will make you think along new lines, tho perhaps not ultra-scientifically; and for this reason, if no other, we would advise every doctor to read the book. We cannot thoroly review either the book or his theories in the space at our disposal, but no physician will regret reading it.—A. L. R.

Progressiv Medicin, Vol. III, September 1900, a quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 408 pages, with 14 engravings. Lea Brothers & Co., Philadelphia and New York. Issued quarterly. Price, \$10.00 per year.

Seventy-six pages are taken up with such seasonable affections as pleurisy, pneumonia, etc. The volume has four eminent writers as contributors. The article on Obstetrics, by Richard C. Norris, is interesting. He condemns Schulte's method of recussitation of the new born as a species of "spectacular, but chilling,

aerial gyrations," and not to be employed. We have commended this work frequently as a ready method for the general practitioner by which to keep up with medical advance. The authors for the four sections are as follows: Diseases of the Thorax and its viscera, including the heart, lungs and blood vessels, William M. Ewart; Diseases of the Skin, Henry W. Stelwagon; Diseases of the Nervous System, William G. Spiller; Obstetrics, Richard C. Norris. This book is fully up to the standard of the others.—A. L. R.

The Medical Examination for Life Insurance, and its Clinical Methods, with chapters on the insurance of sub-standard lives and accident insurance. By Charles Lyman Greene, M.D., St. Paul; Clinical Professor of Medicine and Physical Diagnosis in the University of Minnesota. With 99 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Penna., 1900. Price, \$4.00 net.

The author has the rare faculty of making dry facts entertaining to one who has read their essentials many times before. He covers the field much more thoroughly than is customary in works of this scope. Beginning with a history of the origin of life insurance, he traces it down from the ancient fraternal orders to the organization of the first company in 1698. A cut is given of the first policy issued by an American company. The actuaries' table of mortality is given. All the terms used in life insurance phraseology are explained. He acknowledges that the fabric of life insurance, "the most beneficent and unselfish of all institutions, owes its present success, in no small measure, to a study of the hazards of the gaming table." He covers the field of fees in a few words. He believes any fee heretofore paid entirely inadequate for the services rendered, but insists that the companies will never pay more till practitioners set a higher value upon services rendered. The various questions asked on the insurance blanks, the methods of transmitting the blanks to the company, the deportment of the examiner toward the applicant and toward the solicitor, the handling of delicate questions, the examination of women, insurance frauds, the agent's rights, duties to the company, duties to the applicant, and numerous other subjects are taken up and handled thoroly. Many photographs and tables are given, and each illustrates something. There is not a superfluous word in the book. Full attention is given to physical diagnosis and the examination of urine. "The insurance of sub standard lives" takes up 32 pages, and "Attempts to defraud," 23 pages. This is the most entertaining book along such lines we have ever seen. Every practitioner who examines for any fraternal or other life insurance company should get it. We commend it highly. Every reader should commit the article on fees on page 46. We promise it a large circulation, from the fact of its intrinsic merit and entertaining style.—A. L. R.

?Quiz-Compend? No. 16. A Compend of Diseases of the Skin. By Jay F. Chamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic; Fellow of the College of Physicians of Philadelphia. Second edition, revised and enlarged. With 105 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, 1900. Price, 80 cents net.

This edition co. New illustrations and operations, tho the work is enlarged by several a cyclopedia of ophthalmology. been taken up. Preins a resume of Dr. Macken- Our commendation of the method of locating foreign bodies and emphasized. Ed of the X-rays, a description more pretentious wor for ptosis, and three tables this volume, tho we for the work by Dr. Louis undergraduates greatly of the various mydriatic-anesthetics. Other minor information of value thanesthetics. Other minor on this subject.—A. L. R. Along the line of therap up to present standards. served place with the

The Care of the Consumptive; is subject.—A. L. R. scientific use of natural theraped vention and cure of consumption, on Colorado as a resort for invalids. Eye, for students and gen- ner, M.D., non-Resident Fellow of the illustrations, including of Medicine, Member of the Americanay, M.D., Chief of Clinic dication. Publishd by G. P. Putnam's Eye Department, College London, 1900. Price not given us. Columbia University,

This little book contains 180 rod & Co., New York, lent advice for the tuberculous. for the laity, and while advocatio pages prepared "natural therapeutic agencies," in small space, any means condemn either medicine illustrations cians. It states plainly that these nly full for as ers are more efficient than therapeutically suited to all will admit. It has articles upon foractioners ing, exercise, etc. It teaches the natu any who affection and the modes of its dissenre devoted and touches upon the care of the constics—enuf children. We can commend the book tanual we afflicted with the malady.—A. L. R.

Tuberculosis; its Nature, Prevention and Treatment, special reference to the open air treatment of phthisis. Alfred Hillier, B.A., M.D., C.M., Fellow of the Royal Med. Chirurgical Society, London; Member of the Council of Medical Graduates' College; Member of the Council of Pure, National Association for the Prevention of Consumptionthe and other forms of Tuberculosis; Hon. Sec. to the London is Open Air Sanatorium. With 81 illustrations and three colored plates. Publishd by Cassell & Co., Limited, London, It Paris, New York and Melbourne, 1900. Price, \$1.25 net.

Two hundred and thirty-seven pages with an index. It declares "Tuberculosis the Nemesis of overcrowding, of squalor, of departure from the conditions of a healthy animal life." "Immunity is a large portion of the reward a community may hope to derive from good sanitation, from light, from air, from all that is sound in the progress of civilization." Tuberculosis is thus declared a social as well as a medical problem. The plates are superb. Cuts of many of the famous open air institutions are given. The ordinary broiling and roasting of meat is not to be depended on to destroy the germ in the meat. Under five years other organs than the lungs are most commonly affected. Both channels of infection are accessible to control. The tuberculous udder yields the most deadly of all food products. The little book is crowded with plain common sense. No doctor will regret reading it. The general practitioner reads too few such books. They are small and quickly read; they are cheap; the need of humanity requires it; and there is thus no excuse for not reading them. We commend it highly to every interested physician who cares for a small work.—A. L. R.

A Manual of Chemistry, Organic and Inorganic, with an introduction to the study of Chemistry. By Arthur P. Luff,

reported as failures, were either cured. In most of the first treatment. thirty-three cases 80 relieved or cured.

Considering the in most of these cases uods of treatment the the hot air treatr hands of the profet which its merits Cushing, of Elyri Med. Soc.

contains 280 pages and an index. have been added and the book. descriptions are given lavishly. of the first issue is repeated. every doctor who has no up on the skin should get. It has more actual than any other compend

of the cut of his "Modern Bath Room;" and not the Doctor give us a cut of a per-room within reach of the man in circumstances? The article on examir, water and food will be appreciated peral practitioner. The articles on ygiene and on School Hygiene must admiration of any reader. The few flaws we find are eclipsed by the excellence of the work. Every physi-as no work on Hygiene should buy those who have many books on the a not regret its perusal.—A. L. R.

pages of excel- While written. t does the use of in or physi- cial pow- re of cloth- ing, the supply's those

rofessor of ate, Cincin- practitioners, and enomo- net. The Scud- 1009 Plum street,

work that may be ay one. The author ro internal medication practised. "Specific upon, as well as "specific Lloyd preparations are freely ue best. The entire field of al and systemic diseases which is considered. Methods of exami- fully described, and various opera- procedures are clearly illustrated. etic practitioner will find here such a as he has been looking for, and many rs will see in it a work well suited to their eds. It is plain and concise, yet nothing is omitted except technicalities. The cuts are neat and clear, and the plates are superb. As a small and handy, yet concise and accurate work, we can commend it.—A. L. R.

Egbert's Hygiene and Sanitation. A Manual of Hygiene and Sanitation. By Seneca Egbert, A. M., M.D., Professor of Hygiene in the Medico-Chirurgical College of Philadelphia. New (2d) and revised edition. In one handsome 12mo. volume of 427 pages with 77 engravings. Cloth, \$2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The author is recognized as an authority upon this subject, and he has the power to condense well while retaining perfect plainness of thought. One would hardly recognize this book in its new dress. Many chapters have been entirely rewritten, new illustrations added, and the work has been enlarged. The section on Military Hygiene is one of the most interesting in this country where so many citizens are at the same time soldiers. Every Army surgeon and National Guard surgeon will appreciate this article. Every article and page has been revised to the latest information upon which it treats. One whose income is measured by a few hundred would be appalled at the magnifi-

ical News Visiting List for 1901. Weekly (dated, atients); Monthly (undated, for 120 patients per ; Perpetual (undated, for 30 patients weekly per ; and Perpetual (undated, for 60 patients weekly per). The first three styles contain 32 pages of data and pages of blanks. The 60-patient perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket pencil and rubber. Seal Grain Leather, \$1.25. Thumb-letter Index, 25 cents extra. Philadelphia and New York. Lea Brothers & Co.

The "Therapeutic Reminders" will be found valuable in emergencies or in cases of doubt and perplexity. The book is as handsome as ever, with ample space for every necessary entry. There are 32 pages of tables and hints. The paper is good; the book durable; and the price such that no one need use an ordinary unprinted book.—A. L. R.

Ringworm, in the light of recent research—Pathology Treatment, Prophylaxis; by Malcolm Morris, Surgeon to the Skin Department, St. Mary's Hospital, with 22 micro-photographs and one colored plate. Publishd by Cassell & Co., London, Paris, New York, and Melbourne. 1898. Sold by Leary, Stuart & Co., New York and Philadelphia. Price, \$2.00.

Contains 142 pages, of which but 137 are taken up by the text, the illustrations occupying the balance. It is a work of art and a classic in its line. 39 pages are devoted to general, the author's, and special methods of treatment. The micro-photographs have been exhibited in the International Congress of Dermatology and at the meeting of the British Medical Association, and have won unstinted praise. The paper is rich and heavy and the general mechanical excellence of the work is superb. The text has been carefully edited and covers the field thoroly and in an authoritiv manner. It is one of the finest executed pieces of medical literature we have ever seen, and it is strongly endorsed by us.—A. L. R.

The Practice of Medicine. A text book for practitioners and students, with special reference to diagnosis and treatment, by James Tyson, M.D., Professor of Medicine in the University of Pennsylvania, and Physician to the Hospital of the University; Physician to the Philadelphia Hospital; Fellow of the College of Physicians of Philadelphia, etc. Second edition, thoroly revised and in parts rewritten. With 127 illustrations, including colored plates. Publishd by P. Blakiston's Son & Co., Philadelphia, Pa. 1900. Price, \$5.50.

Twelve hundred and twenty-two pages with no superfluous words. An excellent work. Has a valuable two-page table giving minimum dose which has caused death and maximum dose recovered from; a new feature. This author was never accused of being radical, yet he has recommended many of the newest remedies and methods; hence every doctor had best look them up. We know of no place where one may

better do this than in this book. It is not so ponderous as the "Systems of Medicine," and yet has at least references to everything one might wish to know in medicine. When surgery is indicated, he admits the fact, with full suggestions. In appendicitis, he concedes the right of a consulting surgeon in every case; indeed, suggests consultation pending diagnosis in doubtful cases. He intimates that in cases of doubt, you would better "cut." He gives many excellent tables of differential diagnoses. A full page is given the cuts of Koplik's spots in measles. He aids the adoption of the metric system by full references. In Infectious Diseases and in Nervous Troubles, considerable matter has been changed and added to the first edition; and much more space has been given the articles upon the Blood and Vascular System. This edition will excel the other. There is no better one volume book on the plain science of medicine than this. We commend it thoroughly.—A. L. R.

A Child of Light, or, Heredity and Prenatal Culture; considered in the light of new psychology. By Newton N. Riddell. Chicago: Child of Light Publishing Company, 1900. Price, \$2.00.

The author is honest. It is a pity he has not the advantages of a thoro medical education. As it is, he can teach doctors many things along the lines of "their own game." He strikes the chord upon which we have harped so long. He is a born orator, who can sway multitudes; yet one might wish more scientifically than has been done. He has grasped the kernel of the theme, but he might have handled it better. His work is along lines to which we extend our sympathy, but we wait for a better work, which, doubtless, he will later bring forth. In this book he takes the ground (tho he hesitates to say just so openly), that if all parents were just and pure, all children would be holy and no wrong or sin could exist. We may admit to him as much, and still ask the excuse for the book. All love has a strain of passion, and until these misguided philanthropists can eliminate such tendencies, they can never change the trend of the world. He goes entirely too far into prenatal heritage and hereditary influences; since he can prove none of his theories. With all its faults and imperfections, it is just such a book as many patients need. The doctor may fearlessly commend it to any patient, and no harm can result; yet we might hope that Mr. Riddell will take more medical counsel before the second edition is issued.—A. L. R.

A Handbook of Diseases of the Eye and their Treatment. By Henry R. Swansy, A.M., M.B., F.R.C.S.I. Seventh edition, with 165 illustrations. Publishd by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa., 1900. Price, \$2.50.

Contains 597 pages, with an index, and a card of colored yarns explanatory of Holmgren's tests for color blindness. This is a unique feature, and is valuable in such a book of handy reference. The cuts are more diagrammatic than illustrations of peculiar cases, the effort being evident in instruction of the student rather than "booming" of the author's specialty. The text touches at sufficient length upon all of the

common diseases and operations, tho the work is not in any sense a cyclopedia of ophthalmology. This edition contains a resume of Dr. Mackenzie Davidson's method of locating foreign bodies in the eye by the aid of the X-rays, a description of Mule's operation for ptosis, and three tables specially prepared for the work by Dr. Louis Werner, on the actions of the various mydriatics, myotics and local anesthetics. Other minor alterations, especially along the line of therapeutics, bring the book up to present standards. It will hold its well deserved place with the other smaller works on this subject.—A. L. R.

Manual of the Diseases of the Eye, for students and general practitioners, with 243 original illustrations, including 12 colored figures. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons, Med. Dpt. Columbia University, New York. Publishd by William Wood & Co., New York, N. Y., 1900.

Three hundred and ninety-two pages prepared with the idea of condensation in small space, without omitting anything. The illustrations are original. Index is remarkably full for as small a book as this. It is especially suited to the requirements of students and practitioners of general medicine, and will satisfy any who wish only a manual. Fifteen pages are devoted to the medical side of ocular therapeutics—enuf for the ordinary purposes. As a manual we commend the book.—A. L. R.

Our Monthly Talk.

Mr. Henry D. Lloyd is a gentleman of culture, means and leisure. However, in his leisure the burden of humanity rests heavily upon his heart. What a fortunate thing this is, for it compels the service of his splendid talents in the most sacred of all causes, the improving of human conditions. When he hears of any important development in government or sociology in any part of the world, he has the time, means and desire to go and investigate it. He then writes a book about it, and the book immediately becomes an authority on that subject. We are all too familiar with the numerous wars between labor and capital in this country during recent years. Many of us got occasional good reports of the workings of a new compulsory arbitration law in New Zealand, and we were anxious to have particulars. Mr. Lloyd went to New Zealand to investigate this and other matters there, and one result of his trip is we here take pleasure in describing:

A Country Without Strikes.

Because of the great number of strikes we are having in this country and consequent loss to employees, employers and the public at large, the book of Mr. Henry D. Lloyd on "A Country Without Strikes" should meet with a hearty welcome and a large reading. It is not a work of fiction, but it is a full account of the successful working of the compulsory arbitration law of New Zealand. Mr. Lloyd went to New Zealand and made a careful examination of the law and its successful results, so he speaks with authority. The people of that country became

tired of the industrial wars between labor and capital, which as in all countries were almost as disastrous in every way as military wars. Under the leadership of a legislative genius, Mr. William P. Reeves, they enacted a law in 1894 that has completely put an end in that country to strikes, lockouts, government by injunction, mobs, etc. The salient points of the law are as follows: Conciliation is tried before resorting to compulsion. The country is divided into industrial districts, and in each district there is a Board of Conciliation of from four to six members. There is one Court of Arbitration for the whole country, which consists of one Judge of the Supreme Court and one man nominated by the working men and one by the employers. When any labor dispute arises that cannot be settled by the parties interested, the matter is brought before the Board of Conciliation. This Board then makes full investigation and makes a decision, but either party can appeal from the decision of the Board of Conciliation to the Court of Arbitration. The court then takes the matter up and renders a judgment that is binding on all parties. The law applies only to cases where a labor union is a party, as individual grievances would be too numerous. But the law allows any seven men engaged in any one kind of industrial employment to form a union. In no case does the work stop while the investigation is proceeding. When a grievance arises it is unlawful for a workman to quit work or for an employer to discharge a workman until a final decision, at which time all parties must proceed with the work under such new terms as the court may fix. This secures a quiet, orderly and prompt settlement of all labor troubles on a fair and just basis to all concerned. The law is satisfactory to the employers for the reason that it prevents the losses resulting from a strike, and it also secures a uniform scale of wages in industry and prevents any one firm from cutting wages in order that it may undersell and thereby secure the business held by competing firms. The wage for the average workman in the boot and shoe factories of the country was fixed at \$10.00 a week of forty-eight hours labor; of employees in grocery stores at \$11.25 a week. Extra pay can be paid to men who are more than ordinarily skillful, and less can be paid to those who cannot do average work. The courts compel employers to produce their books and to share their profits with their workmen in the form of good wages. Mr. Lloyd says that the "law aims to play within living limits for both employers and employees." This prevents employers from amassing enormous fortunes by oppressing laborers with starvation wages, as is done so often in this country. Mr. Lloyd sums up the good results of the law as follows:

1. Strikes and lockouts have been stopt.
2. Wages and terms have been fixed so that manufacturers can make their contracts ahead without fear of disturbance.
3. Workingmen, too, knowing that their income cannot be cut nor locked out, can marry, buy land, build homes.
4. Disputes arise continually, new terms are fixed, but industry goes on without interruption.

5. No factory has been closed by the act.
 6. The country is more prosperous than ever.
 7. The awards of the Arbitration Court fix a standard of living which other courts accept in deciding cases affecting workingmen.
 8. Awards made by compulsory arbitration are often renewed by a voluntary agreement when they expire.
 9. Trade unions are given new rights, and are called upon to admit all competent workingmen in the trade.
 10. Compulsion in the background makes conciliation easier.
 11. Compulsory publicity gives the public, the real arbitrator, all the facts of every dispute.
 12. Salaried classes as well as wage earners are claiming the benefits of arbitration.
 13. Peaceable settlement with their men has been made possible for the majorities of the employers who wanted to arbitrate, but were prevented by minorities of their associates.
 14. Labor and capital are being organized into trade unions and associations instead of mobs and monopolists.
 15. Trade honesty is promoted by the exposure and prevention of frauds on the public.
 16. Humane and law abiding business men seek the protection of the law to save themselves from destruction by the competition of inhumane and law breaking rivals.
 17. The weak and the strong are equalized both among capitalists and the workingmen.
 18. The victory is given as nearly as possible to the right instead of to the strong, as in labor wars.
 19. The concentration of wealth and power is checked.
 20. The distribution of wealth is determined along lines of reason, justice, and the greatest need, instead of the greatest greed.
 21. It furnishes the people their only cheap, speedy and untechnical justice.
- It is simply wonderful that such great and far reaching results should come from a single legislative act. And yet it is but applying the quiet and peaceable processes of our courts to a new jurisdiction—to the settlement of labor disputes. The wonder is that it has not been done long ago in all countries. Especially do we need such a law in this country, where protracted labor wars are so frequent, and where wealth is concentrating into the hands of a few with such alarming rapidity.

* Published by Doubleday, Page & Co., New York. Price \$1

A remarkable page is in the current issue of the Ladies' Home Journal, entitled "What may happen in the next hundred years." It is made up of separate paragraphs, each treating of a different subject. Following are the introduction and some of the most striking paragraphs:

These prophecies will seem strange, almost impossible. Yet they have come from the most learned and conservative minds in America. To the wisest and most careful men in our greatest institutions of science and learning I have gone, asking each in his turn to forecast for me what, in his opinion, will have been wrought, in his own field of investigation before the dawn of 2001—a century from now. These opinions I have carefully transcribed.

Five Hundred Million People. There will probably be from 350,000,000 to 500,000,000 people in America and its possessions by the lapse of another century. Nicaragua will ask for admission to our Union after the completion of the great canal. Mexico will be next. Europe, seeking more territory to the south of us, will cause many of the South and Central American republics to be voted into the Union by their own people.

The American will be Taller by from one to two inches. His increase of stature will result from better health, due to vast reforms in medicine, sanitation, food and athletics. He will live fifty years instead of thirty-five as at present—for he will reside in the suburbs. The city house will practically be no more. Building in blocks will be illegal. The trip from suburban home to office will require a few minutes only. A penny will pay the fare.

There will be no C, X or Q in our every-day alphabet. They will be abandoned because unnecessary. Spelling by sound will have been adopted, first by the newspapers. English will be a language of condensed words expressing condensed ideas, and will be more extensively spoken than any other. Russian will rank second.

No Foods will be Exposed. Storekeepers who expose food to air breathed out by patrons or to the atmosphere of the busy streets will be arrested with those who sell stale or adulterated produce. Liquid air refrigerators will keep great quantities of food fresh for long intervals.

Coal will not be Used for Heating or Cooking. It will be scarce, but not entirely exhausted. The earth's hard coal will last until the year 2050 or 2100; its soft coal mines until 2200 or 2300. Meanwhile both kinds of coal will have become more and more expensive. Men will have found electricity manufactured by water power to be much cheaper. Every river or creek with any suitable fall will be equipped with water motors, turning dynamos, making electricity. Along the seacoast will be numerous reservoirs filled by waves and tides washing in. Out of these the water will be constantly falling over revolving wheels. All of our restless waters, fresh and salt, will thus be harnessed to do the work which Niagara is doing to-day; making electricity for heat, light and fuel.

Automobiles will be Cheaper than Horses are to-day. Farmers will own automobile hay wagons, automobile truck wagons, plows, harrows and hay-rakes. A one pound motor in one of these vehicles will do the work of a pair of horses or more. Children will ride in automobiles sleighs in winter. Automobiles will have been substituted for every horse vehicle now known. There will be, as already exist to-day, automobile hearses, automobile police patrols, automobile ambulances, automobile street sweepers. The horse in harness will be as scarce, if, indeed, not even scarcer, than as the yoked ox is to-day.

Everybody will Walk Ten Miles. Gymnastics will begin in the nursery, where toys and games will be designed to strengthen the muscles. Exercise will be compulsory in the schools. Every school, college and community will have a complete gymnasium. All cities will have public gymnasia. A man or woman unable to walk ten miles at a stretch will be regarded as a weakling.

There will be no Wild Animals except in menageries. Rats and mice will have been exterminated. The horse will have become practically extinct. A few of high breed will be kept by the rich for racing, hunting and exercise. The automobile will have driven out the horse. Cattle and sheep will have no horns. They will be unable to run faster than the fattened hog of to-day. A century ago the wild hog could outrun a horse. Food animals will be bred to expend practically all their life energy in producing meat, milk, wool and other by-products. Horns, bones, muscles and lungs will have been neglected.

How Children will be Taught. A university education will be free to every man and woman. Several great national universities will have been established. Children will study a simple English grammar adapted to simplified English, and not copied after the Latin. Time will be saved by grouping like studies. Poor students will be given free board, free clothing and free books if ambitious and actually unable to meet their school and college expenses. Medical inspectors regularly visiting the public schools will furnish poor children free eyeglasses, free dentistry and free medical attention of every kind. The very poor will, when necessary, get free rides to and from school and free lunches between

sessions. In vacation time poor children will be taken on trips to various parts of the world. Etiquette and housekeeping will be important studies in the public schools.

Peas as Large as Beets. Peas and beans will be as large as beets are to-day. Sugar cane will produce twice as much sugar as the beet sugar now does. Cane will once more be the chief source of our sugar supply. The milk-weed will have been developed into a rubber plant. Cheap native rubber will be harvested by machinery all over this country. Plants will be made proof against disease microbes just as readily as man is to-day against smallpox. The soil will be kept enriched by plants which take their nutrition from the air and give fertility to the earth.

Few Drugs will be Swallowed or taken into the stomach unless needed for the direct treatment of that organ itself. Drugs needed by the lungs, for instance, will be applied directly to those organs through the skin and flesh. They will be carried with the electric current applied without pain to the outside skin of the body. Microscopes will lay bare the vital organs, through the living flesh of men and animals. The living body will to all medical purposes be transparent. Not only will it be possible for a physician to actually see a living, throbbing heart inside the chest, but he will be able to magnify and photograph any part of it. This work will be done with rays of invisible light.

Notice that nothing is said about either government or religion. Most people are abnormally sensitive concerning these two most important subjects. They seem to be very "touchy" corners on an otherwise normal foot.

In the light of the above prophecies, what shall we say of the "boss" system in politics? also the spoils system of public service? If "to the victor belong the spoils" when our population is 500,000,000, will not the onslaughts of the politicians for offices at a change of administration be a serious strain on our institutions? Will we continue to have the old congress to sit after the new one is elected (a remnant of stage coach days)? Will we continue other equally awkward modes of procedure, or will we strive to improve methods in government, as well as in every other department of life?

Also, what shall we say about narrow sectarianism in religion?

If medicine and other branches of science are not too sacred to change, then religion and government are not. We could not keep back progress in other branches of life if we wanted to do so; then why not adopt methods of government to new needs and new conditions? This can be done only by impartial study and non-partisan action. Are we capable of doing it?

Practical Points.

A Product of "Mortal Mind."

The husband of a Christian Scientist teacher, lately married, that did not believe in doctors or sickness, called upon a physician one cold, stormy night in January. He was in a great hurry.

"What is the matter?" asked the doctor, sticking his night-cap out at the door.

"Oh," said the man, in an anxious tone, "my wife is very sick, and wants you to come at once."

"She sick?" answered the doctor, in surprise; "why, man, she has turned half this town into the belief that there is no such thing as pain."

"But it's different now," replied the man. "We're—that is, you know—well, she's going, or rather, she expects—we've been calculating

for some time to have a—a—bab—yes, a chil—a boy or a girl. It's—it will, or would be our first, and we thought you better be around."

"Well, my dear man," said the doctor, "tell your wife that I am sorry she has so far forgotten her calling as to give in to the sin of a fancied pain or two. These twinges that come with such clock-like regularity are nothing but the timed temptations of Satan. Tell her that there is no such thing as pain; that she isn't going to have a baby; that she isn't a woman, but the ghost of Euripides; that she isn't even married. Tell her that I am not a doctor, and never was, and that this is one of the loveliest nights in June. Good night, sir."—E. S. Goodhue in the South. Calif. Pract.

If you have not already received an Antikamnia calendar, write for one. The series that this enterprising company has been getting out for several years is the most unique and interesting ever before produced. This year will end the series, on account of the unfortunate and untimely death of the gifted artist who created the pictures. However, our enterprising friends will come forward next year with something else equally surprising.

Send to German Chem. Co., Chicago, for a sample of Phesine, with literature.

For rheumatism in all its phases, Mellier's Tongaline—*always*. Make it your routine treatment, and you will not regret it.

"Rich, beefy taste"—Armour's soluble beef. Better than milk. See adv. opposit Centents, and send for sample.

Hydroleine—an ideal emulsion of cod-liver oil. See next to last adv. page.

Please *don't* forget to write a postal to Charles Marchand, 57 Prince st., New York, for that 300 page book entitled "Rational Treatment of Diseases Caused by Germs"—free.

Two very interesting and attractive pages are adv. pages—8 and 9. Please see them.

For those discouraging cases—see page 3.

An aperient for your first-class patients—Apenta. See opposit first page of reading.

Woodruff's specialties, the Freligh remedies. See page adv., and send for samples and special offers.

On a gold basis—the business of the Chas. Roome Parmele Co. See page 2, and send for literature.

Always see what is new on last adv. page—outside. It is always interesting.

For sensible and honest information concerning hypnotism, see adv. of Dr. Herbert Parkyn, and write for further information.

Do you know how to properly disinfect a room after scarlet fever or diphtheria? If not, write to Chas. Lentz & Sons, 20 N. 11th st., Philadelphia, for circulars.

Electricity in medicin is now taught by mail by the most successful correspondence institution in this country. It is at Scranton, Pa. See adv., and write for terms.

"New Animal Therapy." See adv. of J. R. Hawley, M.D., and write for literature.

The whirling spray syringe! See adv., and you will instantly recognize its value.

The best "bracer" in this country is the firm of G. W. Flavell & Bro. See adv., and whenever you have occasion to brace weak parts, write to them.

Mr. Geo. C. Frye, of Portland, Maine, changes his adv. every month. See what he presents this month.

Have you used Cystogen? Do you use Cystogen? Do you expect to use Cystogen? If not, why not? Do not your bladder cases give you trouble?

Have you got a tube of Ungentine in your hand-bag? Why not? See adv.

That safety bottle made by the Western Leather M'f'g Co. will prevent acids from spilling out and ruining your medicin case. Worth many times its cost for the trouble and destruction it will prevent. See adv.

Send for samples of Sphenoids, put one in a glass of water and see it dissolv—a beautiful sight.

The instruments sold by Wm. V. Willis & Co. are always of high standard and of moderate price. Try this firm, and you will do so again.

"Seng" is said to be capital for the liver and indigestion. See terms for free sample.

Can you cure acne? To remove annoyance in managing such troublesome cases, see adv. of Acneine Pharmacal Co.

The way to make the best and cheapest antiseptic used is to dissolve Tyree's antiseptic powder. See adv. and write for a sample.

I have found Pil. Quin. Dad far superior to the ordinary quinins. The results from it are quicker and more evident lasting effects.—J. P. Tacey, M.D., 402 Fort st., E., Detroit, Mich.

Gray's Glycerin Tonic Comp. is uniformly effective because it duplicates and reinforces Nature's methods. This remedy is primarily a stimulant to normal nutritive processes; it begins aright by coaxing atonic, functionless digestive organs to resume their normal work—enables them to digest and assimilate exactly what Nature needs—food for blood, tissue and nervous force. It is an invariable effective remedy in anemia, nervous exhaustion and malnutrition from whatever cause.

Treatment of Cancerous Cachexia.

Lawrence (The Medical Brief, April, 1900) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Echthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day, and continued for a long period. Echthol contains the active principles of thuja, which is accorded specific value in cancer. The treatment out-

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letters) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1893, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

the (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
therefore (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in adding to simplify and rationalize our universal instrument—language.

Grip.

This name describes the disease tersely and to the point. We think it better that the synonyms: *la grippe* (French), *catarrhal influenza*, *epidemic catarrhal fever* and *influenza* be forgotten. The laity have so named it, and we may conveniently follow. It certainly does "grip," and it is frequently very slow in letting go.

Much misapprehension of the truth regarding this disease is current among both laity and profession. When the epidemics of the last few years swept over all the known world, the laity were amazed at the "new disease;" but while they could not be expected to be learned in medical history, the doctor should be. Had the profession been so equipt in knowledge, fewer disasters from careless and ignorant use of drugs would have occurred, and the laity would have been so instructed that they would have acted in a more sensible manner. Grip is an infectious, contagious disease that has traveled the world for at least three centuries. It spreads as fast as modes of communication can carry it, and covers continents in weeks. It was first known in the United States in 1647, and it has been with us at intervals ever

since. Many of the laity assert that they have had an attack of grip whenever they get a severe cold; and too many doctors encourage such assertions. Grip is an actual epidemic disease, with plain, tho diversified, symptoms. When it appears in any community few escape. It is *not* a "bad cold," it is *grip*. The records up to 1870 show 90 pandemics in three centuries.

It is time or the competent physician to meet any emergency which may confront him. Reports of widespread infection come to us. We are thus inclined to the belief that another epidemic is covering the universe. If so, let us meet it manfully; but if it is all "a scare," let us try to quiet the people. All reports we have had seem to point to a mild form of the epidemic disease; but we will trust our readers to inform us of any outbreak in a malignant form.

The bacteriology has been lookt up by Pfeiffer (in 1892), and he has run the bacillus thru the postulates of Koch, producing the disease in apes by inoculation. The etiology proves that adults are more susceptible than children, but that no age is exempt; and we have found that when children are attackt, their cases are apt to prove severe. The infection seems to be carried thru the air more than by actual or intermediate contact; yet it is indisputable that it is contagious and directly infectious.

It is generally classed as a catarrhal disease, tho some writers attempt other classifications modeled after the prominent symptoms. It certainly does appear as "nervous," "gastro-intestinal" and "catarrhal." It is enuf for us to be on the alert, and to meet the symptoms as they arise. We know of no method of prophylaxis, nor have we any specific. Incubation may be only a few hours, but is commonly several days. The onset is always acute, generally accompanied by chilliness and moderate fever. Muscles are sore and the whole body aches; the

legs and lumbar region generally being the worst. Soreness of the eyeballs, increast on pressure, and earache are common phenomena. There may be nose-bleed, injected conjunctiva, lachrymation, herpes labialis, loss of sense of smell and taste, anorexia, constipation, vertigo, insomnia, restlessness, hoarseness and tickling sensation in throat, dry and obstinate cough, hot and dry skin, high colored and irritating urin, or even the graver symptoms of delirium and extremely high fever with pulmonary involvement. The fever lasts two to six days, and subsides by lysis. Recovery is markt by weakness, anemia, cough or tendency to heart failure. One attack does not confer immunity, but predisposes to others.

We know of nothing else which produces such protean classes of symptoms. The diagnosis is easy after an epidemic is well started, but is difficult or impossible in its inception.

The treatment is the most interesting phase of the subject; and the suggestions have been legion. It is an old rule that the more drugs one finds commended for a disease, the less the profession knows of the disease. Truly a sad commentary. It is fact, and not theory nor sentiment, which confronts us, however; and until bacteriology or serum therapy point out a better way, we can only meet the indications.

The victim should be compelled to stay in bed; not only for his own sake in warding off possible sequelæ, but to prevent him acting as a pernambulating focus of dissemination. If the attack is mild, he will persist in roaming, much as a canine with hydrophobia; for if there is anything the average man loves to do, it is to go about and tell how bad he is with the grip, but is "fighting it out." This "fighting it out" is the worst of foolishness and is responsible for most of the complications which worry the doctors and fill the graveyards. It always results in defeat and disaster, and is especially calamitous

in the aged. Purge well in the inception. Keep the patient warm and quiet. Use alcohol in some form, freely. Insist upon easily assimilable food being taken. Use nerve sedatives which will not irritate the sensitiv gastric mucosa. Beware of antipyretics, especially in the aged. Quinin is one of the safest and best antipyretics for use in grip, but really does little good. All the coal-tar derivations are dangerous; it is stimulation and not depression which you need. Quiet nausea, restlessness, cough, and insomnia, by morphin, bromides, lupulin, or codein. Support the heart by strychnin, digitalis, caffein, or aromatic ammonia. The vaporization in the room of turpentine, menthol, eucalyptol, or compound tincture of benzoin is useful. The latter may aggravate nausea, and may have to be discontinued on this account. Have all food administered in liquid form: milk, broths, egg-water, koumyss, true meat extracts, milk punch, egg-nogg, and oyster broth make a dietary from which to select.

In convalescence, it is often necessary to use strychnin, quinin, iron, or cod-liver oil. Watch the heart closely, and guard the lungs carefully.

Timidity has no place when dealing with grip. Dosage must be heroic, and sleepless caution is necessary. The onset is sudden; the symptoms alarming; the sequelæ and complications serious; the mortality frightful. Much of this might be changed by prompt action, adequate dosage, reasonable hygienic adaptation, and attempts at isolation.

The laity know less about actual grip than about any other known malady; and they not only pretend to know more about it, but actually do treat more of it than they ever get opportunity to treat any other disease. So long as present conditions continue, the history of grip need not be rewritten; when the profession wake up to a realization of their duty, a new history must arise. Hygiene, isolation, therapeutics, instruction, and energetic common

sense will check the curse, if the profession but rise to their opportunity. We have little space for any discussions upon this subject, since we must meet it empirically; it is enuf for us to know that our therapeutic resources are ample, if we keep pace with current knowledge.

Epistaxis.

One is occasionally called upon to stop an alarming epistaxis, and finds himself without any instruments or drugs with which he may go to work. Some of the following expedients will stop any ordinary nose bleed:

1. Have the patient chew a large wad of paper or rag vigorously.
2. Cut a cylinder from a sponge; moisten well, press out all the water, tie a string to the end, and pack firmly as far back in the nostril as possible.
3. If tannic acid is at hand, it may be blown into the nostril from any tube; a pipe stem, a quill, a catheter, or even a roll of paper.
4. Ice to the back of the neck and to the forehead.
5. Inject very warm water, if syringe be available.

For internal use, the best drugs are gallic acid, iron, hydrastis, ergot and calcium chlorid.

Vomiting.

Vomiting is a symptom of many diseases, and rational therapeutics would teach that one should search out the cause of the reflex act and treat it; yet the symptom is often so distressing and urgent that we are impelled to seek relief for our patient thru empiric procedure while we search out material for a diagnosis. It is also true that in many cases of vomiting our careful investigation leads us to nothing more exact than the conclusion that the patient has ingested some indigestible article of food; a conclusion which does the patient little credit, and in many

cases reflects no more brilliantly upon ourselves.

Too many causes of vomiting are well known, doubtless fully as many are entirely unknown. It is relief in pressing emergencies, of which we would speak.

1. Insist upon the recumbent position; turn the head so the vomited material may be projected easily from the lips.

2. Stimulate circulation in hands and feet by mustard baths or poultices, hot water bags, or brisk rubbing.

3. Apply a mustard plaster over the epigastrium and over the seventh cervical vertebra.

4. Forbid water, but permit the swallowing of small pieces of ice, without allowing them to melt in the mouth.

5. Secure quick bowel action by the injection of emulsion of castor oil, one ounce of the oil to half pint of warm water, or one ounce of glycerine to two ounces of water, or one dram of turpentine to half a pint of water, or plain, soapy water with a liberal allowance of molasses added, or even plain, tepid water, if no other agent be available.

Keep thinking hard all the time, and ask questions as you get the chance. The most certain relief is obtained by the internal administration of tablets of cocain (gr. 1-12), bismuth subnitrate (gr. ij), and cerium oxalate (gr. ij) combined. Give in rapidly repeated doses every fifteen minutes till two grains of cocain are taken. This is occasionally rejected before it has had time to act, in which event, only the hypodermic injection of morphin will bring relief to the patient, and gain time for the doctor. If the doctor injects morphin, he has some more thinking and some more work ahead of him when the effect of morphin wears off; better try everything else first. The latest suggestion, backed by experience, is to apply a poultice of ice over the spine opposite the stomach. Never get perturbed; allow attendants to "hold the patient's head"; keep doing something and thinking all the

time; and time will be gained, and also the patient's confidence will be gained. Send every unnecessary person from the room; get everything quiet, and keep cool yourself. Apply these suggestions, and most cases will subside permanently, or at least offer you enough respite to permit time for diagnosis.

The Mystery of Immunity.

It has been known for centuries that a condition of immunity against certain diseases may and does exist under certain circumstances and in certain people. Yet our knowledge along this line does not advance. We still may wonder, in our ignorant silence, what immunity may be. Is it a condition of the tissues or fluids of the body? Is it in the "condition of the system," so volubly explained (?) by the old time doctor? Is it a toxin or anti-toxin retained in the body after one attack? May it be a transmitted peculiarity from paternal or maternal influence?

In some cases this immunity, so-called, seem absolute; in others but relative. Some families never have known a loss from consumption, but many of them pass away at a uniform age from cancer; and this cancer is generally of the same form and type, and in about the same location. Some have no history of tuberculosis or cancer, yet are markedly prone to nervous troubles, such as neurasthenia, epilepsy and insanity. The continued freedom of many branches of the same family from diseases which are common in the community in which they live, when traced back thru generations, points strongly to what some authors have termed "natural" immunity. Natural immunity can be nothing else than hereditary immunity.

Napoleon boasted that he was immune to bullets. Certain races fall an easy prey to certain diseases contracted in their native or foreign lands, and are marvelously resistant to even more insistent maladies common in their homes or in the land of their adoption. The Creole does

not possess absolute immunity from yellow fever, but he is much less susceptible than the white man. The negro resists malaria and yellow fever, but falls quick prey to tuberculosis and small pox. Thus races as well as families offer instances not rare of the existence of natural immunity.

In addition to the natural relative immunity, so commonly observed, we have the artificial and temporary immunity observed as the result of the use of serums and antitoxins. We know no more of this immunity than of the other kind. But little has been added to the sum of our knowledge since Jenner tried his experiments with vaccination. There is a world beyond the reach of our finest mechanical instruments for diagnosis. "The microscope is a coarse, blundering tool," which lights the way but a few steps towards the deep mysteries of infinity. The mystery of immunity is attractive, and may yet enlist the efforts of some one abler than those gone before. We can only yearn and await the light. When immunity is better understood, the incurable diseases must rapidly yield to scientific therapeutics. As pathology leads therapeutics to victory, so will a knowledge of the unknown laws of immunity broaden the field and increase the number of the hard-earned victories.

How to Get the Most Out of Us.

The knowledge of the manner in which most physicians read and use their favorite medical journal has been a "thorn" with us for many years. It is incomprehensible to us how any man can read a medical magazine for diversion, yet we sorrowfully record the fact that this is just what the average practitioner commonly does. After the painfully conscious effort of the work required to get out a single issue, this treatment appears to us a real abuse. To be sure, it is not our loss so much as it is the loss of the wasteful doctor; yet we would like to see every one of our readers get more out of THE WORLD, and we are

sure the medical world would be better off if more of our readers would speak their experience.

It is so easy to pick out your favorite medical journal from the pile of mail; to light the pipe; to forget the day full of misery and pain and horror; to even forget one's own weariness; to skim the editorials; to glance at the headlines of the book-reviews; to read the title of the various original articles; to run thru the "Monthly Talk"; and—go to bed. The doctor who does this has never realized what is in his favorite medical journal, for he has never read it. We work hard to get out every one of our issues in such a manner that those physicians who do not read it will suffer loss. None but the Editor realizes the Herculean effort required to engineer one issue thru to the subscriber. None but the Editor so keenly feels how much of his labor is wasted.

It is "not all of life to live, nor all of death to die." You are not practising for fun, nor likely for your health. We have never felt "funny" while we did our work; our ideal is too high. When you use any medical journal as a mere source of recreation you are doing yourself and the Editor an injury. We can see a future for medicine which is pregnant with possibilities, and is nearing full term. There is abundant expulsive power if it can be brought into action. We are doing all we can to dilate and deliver the goods. It is your loss, our loss, and a loss to the profession if you continue in lethargy. Wake up! Write up! Speak of your cherished victories, and tell of your bitter disappointments. The profession will be the gainer, and your "bread" will surely come back to you before many days.

We have thousands of subscribers who have absorbed more or less of what THE WORLD has put out during many years. They have paid their subscriptions regularly; they have occasionally tendered us words of praise; they have read their favorite journal so carelessly that they have

askt us questions upon points fully covered in issues not three months old ; they never file their **WORLDS** ; they lose much. We want them to get more for their money than they have gotten in the past.

The way to derive greater benefit from your medical journal is to read it thru from cover to cover, advertisements and all, every month ; to file every copy, so you can refer to it when you want it in emergencies ; to think over what it offers, and if your experience is at variance, write and say so. Most of our subscribers have come into the **WORLD** family and smuggled themselves into a corner to watch proceedings. It is very liable to get cool in such corners. Come out before the fireplace, and get warmed ; you may be thoroly warmed before you get thru, but you will be the better doctor for the "roasting." At least, you may count on a thickened cuticle. Get the most out of us by getting the most for yourself. Read more ! Think more ! Write more !

The Pendulum Begins to Swing Backward on Calcium Sulfid.

It has always been the reproach of medicin that any new remedy which might gain credence among the profession, whether possessing potency or being inert, was certain of being "overworkt" and misapplied. We have had calcium sulfid highly lauded by journalists and practitioners, and we have often used it ourselves with what we supposed to be rather remarkable results ; but as we used it more frequently, the failures and disappointments became more frequent, and now the drug has been declared of no value by those who have had full opportunity to test it in numerous and pronounced cases. Among others, Munson (*Tropical Diseases*, 1900, page 610) declares it valueless in boils. It is in this complaint that it won its first and perhaps greatest laurels, and this unequivocal declaration is stunning. If valueless, we cannot drop it too soon. If it has merit, even in slight degree, it is best to retain it. What has been the experience of **WORLD** readers ?

Suffocativ Catarrh of Children.

It was Laennec who first made use of this term to describe a rather peculiar disease often found in young children. The term is not found in the ordinary textbooks on Pediatrics and Children's Diseases ; few dictionaries give it space ; most writers confuse it with bronchitis or pneumonia ; yet it exists as a separate and distinct disease.

We have seen cases where it seemed to have been brought on by exposure, and have also seen cases where the possibility of exposure could not be considered. While some writers use the term capillary bronchitis as a synonym for suffocativ catarrh, the majority ignore it altogether, or hopelessly confuse it with bronchitis or pneumonia. The symptoms, clinical history, and mortality, are all at wide variance with these diseases.

It usually follows an ordinary severe cold ; and commonly after an apparent brief progress toward convalescence. It frequently complicates the infectious exanthemata, whooping cough, grip, and diphtheria. It is ushered in by dyspnea, with paroxysms of coughing without expectoration (or without the sound of the mucus being expelled from the bronchi and again swallowed), moderately high fever, feeble, rapid pulse, and marked prostration ; severe cases present in addition, play of the nostrils, an anxious expression of the countenance, retraction of the base of the chest, and cyanotic lips and finger tips. The resonance is commonly normal, and auscultation reveals fine, moist, or sibilant rales. The cyanosis increases, the mind is dull, the feet and hands become clammy or cold, and death quickly follows from heart failure or respiratory collapse.

The prognosis is generally very unfavorable ; we have never seen a well developed case recover. Respiratory and cardiac stimulants are indicated, but never seem to act potently in any safe dosage. We have had temporary effect from amyl nitrite, but cannot say as much of any other drug. One must follow the indications, and meet the symptoms as they arise, but always impress upon the family the grave prognosis. One may order "absolute rest," but it is never attained. The struggling child is constantly tossing and turning ; getting up and sinking from exhaustion. We order the air in the room kept at a temperature of 70° F, and have it moistened with vapor of tur-

pentine. Mild counter irritation of the entire chest is a rational procedure ; crude petroleum, oil of nutmeg, turpentine in some fatty base, camphor in lard, iodine, or mustard, may be used. We have had temporary results from poultices of sliced onions fried in lard, applied as hot as the child can stand them, and changed frequently. If such poulticing give relief, we follow it with the cotton jacket. Diet need not be mentioned ; the child will not often take even water. In cases where it is possible to administer medicine with any regularity or in quantity, one may follow the theoretical indications for alcohol in some form ; carbonate of ammonium ; mild emetics ; strychnin or quinin. In a few cases, tepid sponging lowers the temperature, but without appreciable benefit.

Our experience has been distressingly monotonous, and our prognosis in every case is now a fatal one. Any such disease having the power to silence forever a healthy infant in the course of a few hours, is deserving of more study than has ever been devoted to it. We want WORLD readers to take it up. Carefully exclude every form of pneumonia and bronchitis, but if you have had a single case, please write its history briefly and to the point. Do it now, for the season is at hand. We particularly wish new suggestions. What have our eclectic and homeopathic friends to offer against this malady ?

A Persistent Fraud.

Most medical mountebanks subside when they have once been publicly and completely turned down, but the energy and devotion of the promoters of the notorious "Crotte Cure" for consumption seem limitless, and would certainly bring results in a nobler cause. It will be remembered that a strenuous effort was made to have the American Medical Association endorse this scheme at its meeting in Columbus ; the Association refusing to recognize or endorse the promoter, he flooded the country with circulars in which he claimed to have been enthusiastically received, banqueted, and fully commended and endorsed. The journal of the Association took up the publication of a denial, which annulled the false representations of the schemer, at least along that particular line.

Recently, however, they have induced St. Luke's Hospital in New York to experiment with their "cure" (?). The Medical News of December 15, 1900, details the

reports, which were unanimous from all who observed the tests to the effect that "there is nothing in the treatment." The hospital has issued circulars, which are sent to all inquirers, stating that the treatment was given regularly and systematically. Not only were the bacteriological examinations and blood counts made at the hospital, but the sputum was sent to the New York City Board of Health, where experiments were made upon guinea-pigs with the supposedly attenuated virus to see whether there was any actual lessening of virulence of the tubercle bacillus. These experiments were carried on carefully, exactly, and hopefully for three months with *absolutely negative results*. None of the changes that were claimed would take place eventuated, from the bacteriological standpoint. The effect of placing the patient in front of the static machine was as ineffectual as placing him before a mirror. None of the patients of the experiment improved any more than did others of like degree of infection on the same good food, regular hours, and rest."

The instigators of the scheme have proceeded to claim that they have been endorsed by St. Luke's Hospital, despite the above avowal. It is said they have made such claims before medical societies and thru the medical press.

We do not understand that the report condemns the static machine in any way except in so far as it was used in the mummeries and incantations of these schemers. We hope no WORLD reader will be caught in the plotters' net, and the sooner the entire matter is ignored by the profession the better it will be for us and our patients.

A New Medical Journal.

Every physician interested in the dignity of medical journalism has probably heard of the forced retirement of Dr. George M. Gould from the position of editorship of the Philadelphia Medical Journal. The manner in which this was brought about has aroused profound indignation throughout the medical world. With characteristic pluck Dr. Gould is endeavoring to secure from the profession the financial guarantees necessary to establish a new weekly upon the same lines as the journal he has made so successful during the past three years. We hope he may successfully establish the new

enterprise. His propositions are adapted to the size of all pocket books. Details may be found in an announcement in our advertising pages. The price of the journal will be \$4.00 per year. It is guaranteed that the organization will be such that all possibilities of control by lay capitalists shall be avoided. Those who know Dr. Gould are aware that the reading columns will be kept free from all commercial or partisan influences, either within or without the profession.

General Antidote for Poisoning.

Jeannel's general antidote for poisoning is prepared by adding two ounces of calcined magnesia and one ounce of animal charcoal to twenty ounces of water. When needed, add two ounces of Monsel's solution of iron, shake hard, and give two tablespoonfuls, frequently repeated. This is frequently of value when the exact poison taken can not be ascertained. The two solutions may be kept ready and mixt in an instant.

Telephone Takes the Place of Nurse.

The telephone is now used in some of the larger cities by persons who are required to take medicin thruout the night, but who are able to sleep between times. The subscriber has his 'phone rung at stated intervals and rises to take the medicin and again sleeps till again "rung up."

Since December 11, 1898, 1429 cases of small-pox have occurred in Pennsylvania, with but 18 deaths. (State Board of Health's Report.)

Treatment of Drug Neuroses.

The New York School of Clinical Medicin has opened up a new department of teaching in the field of neurology, a study of the neuroses and psychoses of spirit and drug diseases. Dr. T. D. Crothers, of Hartford, Conn., has been elected professor, and will deliver a course of clinical lectures on inebriety, alcoholism, morphinism, cocain and chloral addictions, and other narcotic diseases. These lectures will begin February 18, 1901, and continue weekly thru the winter and spring months. This is the first systematic attempt to teach the symptomatology, pathology and treatment of these drug neuroses, and is a new departure in medicin that will be warmly welcomed by the general practitioner who is so often appealed to for help in these cases. Further information concerning this course can be had by addressing Dr. Crothers or Dr. Kenyon, the secretary of the school, New York.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Chlorine for Bad Breath and Colds.—The Art of Prolonging Life.

Editor MEDICAL WORLD:—In an English journal I noticed an article recommending chlorine water as an internal antiseptic. It was stated that the chlorine soon permeated the whole body. I had on hand two cases of bad breath. One was a lady in whom I had been unable to detect the cause. She had neither catarrh, antral disease nor decayed teeth. There were no other symptoms of gastric catarrh, and when all albuminous foods were excluded from her diet there was no improvement in the breath, which was very offensive in the mornings, but bad all day. She had chronic constipation, but this was carefully seen to, as neglect was certain to occasion headache not controllable by any known means. I mixt a dram each of powdered potassium chlorate and hydrochloric acid, c. p., and added 8 ounces of water as the bottle filled with the yellowish-green gas. Of this she took a teaspoonful six times a day. In two days the breath was as sweet as a baby's, and remained so for a week. After that a few doses occasionally kept away all offensive odor.

This lady had that singular defect in renal elimination of which I have written before, the total solids in twenty-four hours' urin falling below 300 grains, whereas there should have been about 1,000 grains for a woman weighing 98 pounds. The chlorine has evidently increased the elimination, and there is less headache. This matter of defective renal elimination is so important, and so very common, that I never allow a patient to get an opinion from me until I have at least taken the specific gravity of the

twenty-four hours' urin. This gives a rough approximation of the excretion, for if you multiply the last two figures of the specific gravity by two you have the per millage of solids, assuming that each grain of solids displaces a grain of water, so that a specific gravity of 1,020 indicates 4 per cent. of solids. May well be that this is off 100 grains from the truth, but that doesn't matter much. You can tell if the excretion is nearer 300 grains than 1,000, and if it is rising or falling under your treatment; and if it is up to 900 you may feel easy. Busy doctors are compelled to learn to be satisfied with approximations, for want of time to perform tedious laboratory methods and calculations.

The other case was a lady with chronic constipation also; the breath becoming almost stercoraceous in its fetor. Chlorine water, prepared as above, relieved this feature of her case likewise. Her case presents another problem as yet unsolved. She is forty-five, an invalid for thirty years, her bowels kept regular for the last five years by the most unremitting care. She has torpor amounting to paralysis of the muscular intestinal coats, and any attempt to stimulate them results in great distress, fever, tenderness, continuing until they are allowed to fall into their old parietic quiescence and fill up, when shortly the fecal breath and symptoms of auto-toxemia develop. She is sallow, developing many moles recently, subject to fainting spells and highly hysterical. Within the last six months she has developed tenderness and continuous pain in the region of the sigmoid flexure, with increasing obstruction. When a Wales' bougie is introduced it strikes a very sore place, passes this and strikes another; the injections are generally productive of much pain, coming on at once, bringing away dark, offensive masses with some mucus but never a sign of blood or pus. Her temperature is subnormal.

Now here are the elements for a very pretty study in diagnosis. In favor of cancer are the age, cachexia, steady progress of the obstruction and downward course, and the location. Against cancer are the subnormal temperature, the immediate development of pain and the tenderness. I have had two cases of cancer of the sigmoid flexure, and in neither was there any pain or tenderness, but simply a dirty pallor of the skin, and constantly increasing constipation that finally brought

them to me for complete obstruction. In all my cases of gastric cancer I have observed fever of about one degree; in the sigmoid cases the temperature was not noted.

In favor of intestinal ulcer are the tenderness, constant pain, increase immediately by palpation or the introduction of the bougie or of water; also the improvement following injections of orthoform in oil, attenuated with argonin. The lower spot has apparently healed after six weeks of these applications, as it is no longer tender. But against the hypothesis of ulcer is the complete absence of blood and pus from the stools, tho carefully examined by a thoroughly efficient graduate nurse, and the doctor as well.

The anemia, moles, and fainting fits remind me strongly of two cases that presented every symptom of Addison's disease, except that they dragged along for ten years instead of completing the classical course in eighteen months. Both died of pulmonary tuberculosis at last. Has this woman intestinal tuberculosis? I have had several cases, in which I could feel and handle a tubercular mass, jagged and nodular, without causing the patient pain. Well, Tait used to say: "If you don't know what's the matter with a woman, cut her open and find out!" I suppose this will be the end—it surely will be the end of the patient, if my premonitions do not err for the first time in thirty years.

Still another use of the chlorine mixture: I am very liable to colds and coryzas of the most exasperating description. They begin in the soft palate in an itching spot, and spread up into the nose, and forward, involving a week's wretchedness and leaving me weak. The remedies that enable me to juggle colds in others are useless for my own. Petroleum limits the spread wherever I can apply it, but the enemy inflicts great distress on me even when repulsed. The other evening I was lying on bed, clad in my pajamas reading (the Infallible Oracle of the household says that's how I catch cold), when I felt the itching in my soft palate, the inevitable forerunner of the calamity. I got up and took a small mouthful of the chlorine mixture, which burnt like fire when it touched the itching spot and a tonsil, and that was the end of that cold. It was simply jugulated. Now wasn't there some pesky brood of micro-organisms at work there?

And was it not the insensitive tonsil (I was not aware of any trouble there till the chlorine bit it) in which the invasion was first fixt? There is no more dangerous, ill-guarded spot in the human body than that same tonsil—not even the appendix.

Many times I have stopt a "sore-throat," a pharyngitis, that might have developept into a diphtheria, or at least held the door open to it, with a few doses of that chlorine mixture. It is a mighty handy thing to have about the house, especially in winter time. It is surely cheap and easy to make. It must be kept well corkt, away from light, and is best taken undiluted and no water after it. I call it a chlorine mixture, but really oxygen is given off also. Pure chlorine could be evolved by adding sulfuric acid to sodium chlorid and manganese dioxid.

Why does not some brilliant genius announce that he makes a specialty of "The Millionaire's Heart"? Too many great men are dying of heart failure. This organ has been studied too much from the side of therapeutics and pathology. It should be considered from the point of view of physiology; its condition determined, its powers of work and probable endurance gauged, and its task so arranged as to secure from it the best possible results to its possessor. But among all our specialties the Art of Prolonging Life remains still without a solitary representative. The development of the vital principle, the conservation of the vitality, remains for the physician of this new century a virgin field.

Chicago, Ill. WILLIAM F. WAUGH, M.D.

Bad Breath.

Editor MEDICAL WORLD:—In the case of bad breath (January WORLD, page 25), permit me to answer "A Constant Reader." When the point in view is the overcoming of a special symptom without due regard to the cause, we read, "I get most of my information from the husband, who, by the way," etc., we must expect to meet with failures. Many of our weaknesses are due to the fact that we won't investigate, as the following case will prove. An old lady, a sufferer from bad breath for a long time, consulted a physician "for a bronchitis;" he treated her for six months without relief. This lady was rapidly cured by the removal of matter, an elongated square about one and a half inch thru its greatest length, of the most hor-

rible odor, from one of the nasal passages, the lady being a subject of atrophic catarrh. The dentist will say, "attend to the teeth." The odor, at times, from the lungs, is as powerful as musk, altho not of the same kind. In advanced cases of diabetes the breath is quite disagreeable. The most common cause of the symptom in question, is, without a particle of doubt, putrefactive changes within the 'duodenum. In again reading the letter we find, "appetite good, digestion perfect, bowels regular." For a putrefactive condition in the alimentary canal, the sulfo-carbolates act well. Calomel often gives relief. I have removed great quantities of fecal and other matter with the galvanic current and salt water injections in the knee-chest position. This matter was found to have such a stench that it required the opening of doors and windows. I am now trying tincture of echinacea one part, baptisia two parts and panax three parts, in thirty drop doses. I find this an easy remedy, does not cause much trouble, and so far it has charmed the bad breath away. The time, however, is so short that I am in no condition to state as to its permanency. I do entertain a strong belief that the diet wants overhauling by the Doctor, and not the husband; and when this cannot be done in the right way, there is possibly no remedy that can be depended upon for permanency for the condition in question. I had a lady under my care during the past year that complained of having a diarrhea for which she sought treatment. After a few days the amount of matter removed from her bowels was almost beyond belief. Doctor, see to the passages and conclude from what you see with your own eyes.

Cincinnati, O.

A. W. RINGER.

Bad Breath.

Editor MEDICAL WORLD:—Tell "Constant Reader" (see January WORLD) that I think the vile fumes from the stomach of his patient are caused by the bile entering the stomach and mixing with partially digested food. In the recumbent position such a condition often occurs. Have had three such cases as he describes during my fifty years of practise. My remedy was fluid extract taraxacum, dram doses, three or four times daily. The improvement begins at once, but the treatment must sometimes be continued for several weeks. Springfield, Mo. "JAWTHORNE."

Bad Breath.

Editor MEDICAL WORLD:—Bad Breath, page 25, January WORLD.—To "A Constant Reader," I would say that the cause lies in the tonsils. Do not reject this suggestion, but test it and let us know. This is a condition which I have seen described in print but once. Many doctors know of it, and very many do not in a practical way. It is a caseous condition of the post-tonsillar crypts. Expand these folds and examine carefully with an ear-spoon, or dull probe. One case, a man of 25 years, heavy proportions physically, every organ and function apparently normal, complained a little of his throat; walking along the street he coughed out two or three worms as large as a shoe-peg. Was almost frightened into illness for fear of lung trouble, until better informed. Another case occasionally coughs out a caseous pill the size of a pea. This might often escape notice if it were not for the disgustingly foulsmell. It is a rather trivial condition after the diagnosis is made. Treatment: Dip a wrapt cotton carrier in a weak permanganate solution and wipe out the folds a few times.

Butler, Ky. J. E. WILSON, M.D.

Editor MEDICAL WORLD:—I see that "Constant Reader" asks for help in a case of bad breath. I think he will find the trouble in the crypts of the tonsils. Attack with electricity or trichloroacetic acid. There seems to be some auto-infection also. Give a saline laxative mornings.

Posterior atrophic rhinitis may be present. Cleanse with alkaline antiseptics and stimulate with iodine preparations.

CONRAD E. COOK, M.D.

New Iberia, La.

Those of the "family" from whom we have not heard, and from whom we would like to hear, will find this little notice marked with blue pencil. Our "household expenses" have to be kept up, you know, and it is because the "family" is so large, that the share of each (\$1 per year) can be so small.

Editor MEDICAL WORLD:—You will please find inclosed check for two dollars to renew my subscription for 1901 and to pay for one year in arrears. I don't think a more useful or practical journal is published; nothing suits the busy practitioner so well. It is a bridge over all the difficult places in the pathway of the busy doctor.

Capron, Va.

J. H. M. SYKES.

Editor MEDICAL WORLD:—Please pardon my delay and accept one dollar for arrears and three dollars for four years in advance. Why don't you quote a lifetime and ninety-nine year rate for busy doctors?

ANDREW SARGENT.

Hopkinsville, Ky.

No physician ever made a better investment than one dollar per year for WORLD. Among the journals I take it is a prime favorite. Full of seasonable suggestions, it is a great help to the busy doctor.

EDWARD G. LEFFLER.

La Porte, City, Iowa.

"Cuban Itch" is Small Pox.

Dear MEDICAL WORLD:—We have had an eruptive contagious disease prevailing in many localities in Indiana during the last two years, which corresponds closely to the description given by Dr. J. R. Vaughan, of Sledd, Mo., page 24, January WORLD. It differs from an ordinary epidemic of small pox in that it is milder and gets well sooner. In many of the cases the pustular stage is not developed. The symptoms more generally conform to those of varioloid. It differs from "chicken pox" in that it attacks adults and children alike. The eruption appears on the portions of the body that are measurably exempt from it in chicken pox, and the same portions as are subject to the same in small pox. Notwithstanding these and many other differences, there are many cases that require the closest scrutiny, even on the part of experts, to make a satisfactory diagnosis of the case in hand. While a large per cent. of the cases in Indiana scarcely thought it necessary to go to bed on account of the malady, other cases would present all the virulent symptoms of old time small pox. I venture the prediction that before the so-called "Cuban itch" shall have run its course in Missouri (especially if unquarantined), there will be no question as to whether it is small pox or not; for the entire profession will admit it. The physician and health officer who takes his stand in accordance with this opinion, and sounds no uncertain note of alarm to the people, thereby assisting them to stamp out this loathsome disease, will be a benefactor to the state and nation. W. J. HOADLEY, M.D.

Danville, Ind.

[County Health Officer.]

Small Pox.

Editor MEDICAL WORLD:—I notice an article in the January WORLD by Dr. J. R. Vaughan, asking about the so-called "Cuban itch," which is so prevalent in some of the central and southern States. Within the past year I have treated some 250 cases of this disease and will state some facts about it which may enlighten some of the WORLD's readers. In the first place, the disease is certainly infectious and contagious. The period of incubation is about fourteen to eighteen days. The first symptoms are malaise, fever, and sometimes chilly feelings, in a few cases a well-developed chill. Headache and backache are prominent

symptoms until the eruption appears, which is about the third or fourth day of the fever. The eruption first appears as small macules, then forming papules, vesicles and pustules. Sore throat is also present in the majority of cases. I have noticed that those who have been recently *successfully* vaccinated rarely contract the disease, and when they do, it is in a very mild form. I also noticed that those who have undoubtedly had the small pox *never* contract it.

The treatment is simple and entirely symptomatic. I have never lost a case up to the present time.



I send you a photo taken by myself of one of my patients, taken on the twelfth day of eruptiv stage.

Pickering, La. J. S. TILLERY, M.D

"Cuban Itch" or Small Pox?

Editor MEDICAL WORLD:—In your January issue you ask for reports on what is popularly known as "Cuban itch." As we have had an epidemic of that affection for the past few weeks, I have studied it with a view to finding out its relation to small pox. The period of incubation is the same. The symptoms of headache and backache are similar. Temperature corre-

sponds to that of a light case of variola. Eruptions appear in point of time same as in small pox.

Now for the points in which the two diseases (if two there are) differ. First, the pustules are of all sizes, from a millet seed to a large pea or even larger, and there is no tendency to uniformity of size as in variola. Then the *important differentiating point of all is the absence of umbilication in any of the pustules*. With the exception of umbilication the eruption goes thru all the stages similar to the eruption of variola. All the symptoms are rather mild, except in the aged, when they are sometimes rather severe.

In point of infection the two diseases are similar, as well as in immunity resulting from vaccination.

We have had the two diseases here simultaneously, so the opportunity for comparison has been excellent. I have a theory which I will present for what it is worth: As heat is very destructive to vaccine virus, and probably also to the small pox germ, as variola spreads very little in hot weather, why is it not reasonable to suppose that in a tropical country the virulent properties of the variola germ is gradually weakened until finally it is so modified that it can only produce variola in a modified form? As vaccination is as effective as a preventiv as it is in variola, it certainly must be variola in a modified form.

A. M. NEWMAN.

Canadian, Texas.

"Cuban Itch."

Editor MEDICAL WORLD:—In January WORLD, page 24, I notice an inquiry in regard to this new disease called "Cuban Itch" and a response by the Editor, inviting comments and reports. You may include Nebraska among the states in which this disease is prevalent. Bladen reports at this time eight cases up to the date of writing, January 9, 1901. In town, two cases, and in country near by, six cases, five men and three women, all grown to maturity and all presenting the same symptoms, from beginning to finish. The period of latency we cannot get positively. Up to the time of and including the eruption it very closely resembles smallpox, except the shot-like feeling at first signs of rash and the umbilicated appearance of the develope vesicle. From the time of eruption to the completion of the disease and recovery the symptoms

diverge from those of smallpox. Let me describe these cases and you may make your own comparison.

All of our cases complain of one or two days' languor, followed by chill and fever, 103° F.; pain in back, hips and some headache; tongue coated with white and grey coating. A fine rash appears on forehead resembling measles, which in two to four days develops into well formed vesicles, with rounded tops and raised above the skin, accompanied with redness. These vesicles suppurate and scab over in seven to ten days without any irritation or uneasiness of the patient, except some itching. The face, body and limbs of patient is a mass of pustules, ranging in size from a pea to two or three times as large; they are discrete, seldom two running together and drying with dark brown scabs, which come off in about a week more, leaving some redness but no pitting.

Notice the absence of shot-like feeling of vesicle at first, no umbilication of vesicle, no deep-seated inflammation of true skin. Another striking feature of all these cases is, no secondary fever or constitutional disturbance of any kind after the eruption comes out. The patient seems fully restored to his ordinary health and feels strong and well, with splendid appetite (not missing a meal), and secretions and excretions all normal.

Mr. Editor, you state in the article I have referred to that any observant physician may be certain of his diagnosis in an epidemic of small-pox. I think so, too. Now, I have given you the exact symptoms of these eight cases. What do you say? Dr. Towne, Secretary of our State Medical Board, has made several visits over the state and pronounces everything that has a rash and is contagious small pox. But that does not help us out, as many of our best and most careful men say it is not small pox. It surely was introduced into the West by returning soldiers. May it not belong to the family of lichen? Prof. Jones treated something similar in 1845-7. A similar affection was observed as early as 1812. After the War of the Rebellion a disease also prevailed in some sections quite similar. One of my books classifies it as "Lichen Americana." How would the name "Lichen Agrius" (Scudder) do? Now, Mr. Editor, I agree with you that the disease is new in this country. Our profession in the West is not made up of

"mental cripples," as you well know, and even editors of our medical journals are excusable if they are not acquainted with all the diseases peculiar to the East and West Indies. We are waiting for the scientific name you may give it, and while we wait, will continue to study the real thing. I may say that vaccination does not protect from this disease.

Bladen, Neb. T. R. HALL, M.D.¹

[We will leave this discussion, which, by the way, is becoming very interesting, to those who are coming in direct contact with this disease. We have never seen a case of it.—ED.]

Small Pox.

Editor MEDICAL WORLD:—There seems to be quite a discussion at present in the medical journals over the new variety of small pox that has recently made its appearance in many parts of our country; and while it is of a mild form, yet it partakes of every symptom of genuine small pox. Yet many eminent practitioners discredit the small pox theory. Some call it small pox, some "Cuban itch," and still others chicken pox. Nor can we wonder at such a diversity of opinion when in a great many instances it is very difficult to diagnose.

I notice in the last number of THE MEDICAL WORLD a query from a Missouri doctor, inquiring if there exists such a disease as "Cuban itch." Having passed thru quite an epidemic of this disease during last winter, and having personally attended more than fifty cases during that time, I feel that my opinion should be entitled to some consideration. In answer to my Missouri friend's question and many others I have noticed from time to time, I shall endeavor to give them my views on the subject, and produce some actual facts to substantiate them.

In the fall of 1899 the disease appeared in Oklahoma. The matter was brought to the attention of the Territorial Board of Health, and they promptly pronounced it small pox, and instituted rigid quarantine measures. Notwithstanding this, it proceeded on its rapid march, and the Board of Health reports show something like 1200 or 1500 cases in the Territory to date. It is a very virulent and contagious disease. In my experience with the disease, I found the discrete form to be the predominant, having seen but five cases of the confluent variety. The rash generally

appeared on the third day of the fever, and in no case did the fever persist after the appearance of the eruption. In most every case I observed the umbilicated vesicle. A symptom that proved of inestimable value to me in the early diagnosis of the disease was the soreness of the scalp. It, with the aid of the intense pain in the back and the intense pyrexia, enabled me to make an early diagnosis.

So, in summing up, we see in this disease the every symptom of small pox. Coming on down to the question of Cuban itch, and to the various decisions that have been handed down by the various boards of health, I can do no better than quote from them.

The Ohio Board of Health came out emphatically in favor of the small pox theory, and the Illinois Board pronounced it small pox, and *not* "Cuban itch," as termed by some. In no instance do we find that any sanitary authority has recognized the existence of the so called "Cuban itch." The Surgeon General of the U. S. Marine Hospital Service, in a report to the Illinois Board of Health on December 7, 1899, says: "I am aware of no disease called 'Cuban itch' which could be mistaken for small pox. There are several erythematous eruptions in Cuba called 'Cuban itch,' but they are prickly heat or ring worm."

With a little experience in diagnosing this disease, there is no necessity for mistaking it for some other, for the symptoms stand forth most prominently.

Stella, Okla.

DR. J. E. JORDAN.

Is It Variola?

Editor MEDICAL WORLD:—There is an eruptive disease all over this country, somewhat resembling small pox. We would be glad to know what it is. More or less fever, with headache, pains in the back and limbs, and lasting two or three days, ushers in the attack. About the third day the eruption appears, sometimes *very* abundant, and sometimes there are but few vesicles. No chill nor rigors. When the eruption appears (first on the face) the patient declares himself *well*; gets up, eats heartily, and visits among his neighbors or goes to work. You meet them on the highways and in towns covered with the eruption in all of its stages. It is almost entirely confined to the negroes. Some of the patients tell me that the eruption spreads over the entire body and limbs

in fifteen or eighteen hours after its appearance. It seems to be vesicular thruout. I have seen no pustules. Some of the vesicles are umbilicated. They vary from $\frac{1}{16}$ to $\frac{1}{4}$ inch in diameter, and are elevated about $\frac{1}{8}$ inch above the surface. No odor, no secondary fever. Those whose eruptions will average 8 or 10 vesicles to the square inch suffer no more, constitutionally, than those who have but few vesicles. *All* seem to be *well* when the eruption comes out. When the scabs fall off there are no scars left, but some white spots which disappear sooner or later. When scabbing begins the vesicles become depressed in the center, a dark scab forms which extends to the edges. There is much itching in this stage. The negroes neither fear nor try to avoid the disease which they call "Cuban itch," or "the bumps." Now, what is it?

D. C. McCAMPBELL, M.D.

Mt. Pleasant, Miss.

P. S.—Since writing the above, I met a gentleman, the only white person I have seen who had the disease, who said he had some pustules on him. That he opened and preest matter from them. So, I suppose some of the vesicles turn to pustules.

D. C. M.

Cuban Itch.

Editor MEDICAL WORLD:—Relative to your remarks in the January WORLD, page 24, concerning the so called "Cuban itch," I would say that about a year ago an eruptive skin disease made its appearance in this community that was somewhat of a puzzle to me, as well as to neighboring physicians. During my experience of twelve years, nothing of the kind had come under my observation. Some physicians called it itch, others called it chicken pox, and the lady soon got in the habit of calling it "Cuban itch." The cases coming under my observation were mild, and characterized by a vesiculo-pustular eruption, with an itching and burning sensation, and distinctly contagious in character. In but few cases was there any febrile disturbance, and none were detained from their usual duties. It seemed to attack by preference children, yet some adults were affected by it. Parts affected most were hands, feet and face. My diagnosis is impetigo contagiosa. For a complete and graphic description of the disease as I saw it, I refer the reader to the article on impe-

tigo contagiosa, by Dr. Whitehouse, in "Twentieth Century Practice of Medicine," Volume V, page 418.

My treatment consisted of the use of carbolic acid, ichthyol and citrine ointment in varying strengths, according to the necessity of the case. The best treatment, according to my judgment, seemed to be the touching of each individual vesicle as soon as it was detected with a very little pure carbolic acid. This seemed to have the effect of aborting the disease.

Moorefield, O. E. D. MOORE, M.D.

Small Pox.

Dr. A. R. Sisk, of Somerfield, I. T., reports that small pox of a comparatively mild form has been in that part of the country for the last ten months. All have it except those who have been vaccinated at the high school. The mortality has been only about one or two per cent. The course is as follows: Chilly sensations, headache, severe backache, frequently sick stomach and vomiting; high fever, eruptions appear on the third day, and then the patient is better, and the eruption runs the course. The period of incubation is from fourteen to sixteen days. The fatalities have been caused by complications. All the treatment that has been necessary has been: good hygienic surroundings, light diet, and laxatives; aconite when the fever is high.

Small Pox.

Editor MEDICAL WORLD:—As this is the season in which zymotic diseases are most prevalent, I have selected the above subject. It is a subject with which none of us are any too familiar. Many physicians will go thru a practise of twenty-five or thirty years and never treat a case.

The history of small pox is as old as, and coincident with, the history of man. It is an Asiatic disease, and is first mentioned in the most ancient writings of the early Chinese and India medical writings, and from there followed the trend of empire westward, leaving desolation and death in its wake, and often almost depopulating entire cities or communities, until the immortal Jenner, David like, slew this giant disease, small pox, with vaccination, and thereby placed in the hands of the medical profession one of the greatest discoveries in the history of medicine.

Small pox is a germ disease, and is both contagious and infectious. The more im-

portant divisions of this disease are confluent, discrete or distinct, purpura variolosa, hemorrhagic or black small pox, and varioloid. It is divided into five stages: First, incubation; second, invasion; third, eruption; fourth, suppuration, and fifth, dessication. The stage of incubation lasts from one to three weeks from time of exposure. The stage of invasion occupies two to four days, and is ushered in by a chill, headache and backache, followed by fever and perspiration, which will continue more or less until the maturity of the eruptive stage, and is a feature distinctive of this as compared with other eruptive fevers. The fever ranges from 102° to 105°, owing to the severity of the disease. Nausea and vomiting, with pain in the epigastrium are often present, and pain in the loins is usually a marked symptom, and is considered of diagnostic importance; the bowels are usually constipated; partial paraplegia, also paralysis of bladder may exist, but usually disappears with the complete development of the eruption. Delirium and convulsions, mostly in children, occasionally occur in the eruptive stage of the disease. In the stage of invasion often occurs a cutaneous efflorescence or red rash, which erythematic redness closely resembles the appearance in scarlet fever or measles. Petechiæ or ecchymoses may appear more or less abundantly in this stage, in some cases extending over the entire body, and in other cases foreshadowing subsequent hemorrhages.

The eruptive stage occupies from two to three days in its diffusion over the entire cutaneous surface, appearing first on face, neck and hands, then on body, and last on arms and legs. It first appears as a maculated eruption of small red spots or specks, sometimes of a purplish or livid color. The maculæ become hard, elevated, and pointed. A change has now taken place from a maculated to papular eruption, which may be mistaken for measles. We should remember that the papulæ are smaller, rounder, harder and lacking in the crescentic arrangement which characterizes the eruption of measles. The papulæ feel like small shot under the skin next the cuticle; they become elevated at the apices by a drop of liquid. The papulæ now are vesiculæ. This occurs in from twenty-four to thirty-six hours. About the fourth or fifth day the vesiculæ become umbilicated, or deprent in the center.

This is a highly characteristic symptom of small pox, and is considered pathognomonic. After their full development the vesiculæ become pustules. The depression in the apices disappears as the vesiculæ become full, distended and pointed, and with this change begins the stage of suppuration. With the full development of the eruptive stage the fever subsides until the temperature and pulse are about normal. This is a highly diagnostic feature of small pox, except in the confluent form, when this feature is much less marked. With the development of the suppurative stage the fever and pulse again come up, the skin of face becomes swollen, eyes closed, and features distorted and repulsive, and in the confluent form the hands and feet are swollen; delirium, coma and subsultus with diarrhea in this stage are unfavorable omens. The stage of supuration lasts about five days. The stage of dessication commences on about the twelfth day. The tumefaction and redness subside, the pustules break, and the pus concretes into thick scabs, in severe cases forming a complete mask and presenting a hideous appearance. The entire body may present a similar aspect. During this stage the skin and breath exhale a sickening and characteristic odor. The scabs fall off, leaving the skin unbroken except in severe cases, when circular or linear cicatrices called pock marks are left. The stage of dessication lasts from six to ten days, making the duration of the disease from eighteen to twenty-four days.

Various complications may occur, such as pharyngitis, laryngitis, bronchitis, pleuritis, pericarditis, ophthalmitis, gangrene and hemorrhage, all of which result from the eruption appearing in those parts. Small pox is both contagious and infectious; that is, it is communicated by inoculation and by a miasm emanating from the body or exhaled with the breath; it is communicated usually in the stages of suppuration and dessication. The susceptibility is greater in children. One attack usually immunizes, but the disease has been known to re-occur a second and even a third time. The disease may be communicated to the child in utero, which usually causes death; but children have been born showing all stages of the disease, and some showing that they had passed thru it and made a complete recovery previous to birth. The ratio of fatal cases in unmodified small pox is 1 to 3 or

4, and previous to the discovery of vaccination it was much greater, going in some epidemics as high as 75 per cent. In the modified and milder forms, death is one in ten or fifteen, and often less; the largest percentage of deaths occur in the second week of the disease.

I will now call your attention to six cases of small pox which came under my care for treatment. These cases presented for observation typical types of all the different forms and stages of small pox. The first case was Harry Pitts, age 20, and occurred in Dec. 1883. He was an extremely nervous and impulsive young man who sacrificed his life on the altar of friendship. A young man, a friend of his, while visiting in St. Louis became sick; he came home and sent for a homeopathic physician who gravely informed him that he had contracted measles. Later Dr. Wm. A. Haskell was called in and pronounced it small pox, and the young man was removed to the pest house. His isolated and apparently neglected condition made a strong appeal to the impulsive friendship of Harry Pitts, and he deemed it his duty to pay frequent visits to his friend at the pest house, which resulted in his contracting the disease. About two weeks after his exposure, which time covered the stage of incubation, I was called in to attend him, and found him suffering with the first symptoms of small pox in the stage of invasion; headache, backache, and an increased temperature and pulse, skin normal. This was about 11 o'clock in the morning. Owing to the gravity of the disease the parents requested that I call Dr. Wm. A. Haskell in consultation, so together we saw the patient about 8 or 9 p. m. of the same day. He was about the same as in the morning except the temperature had increased to 102° and a cutaneous efflorescence or red rash had appeared on almost the entire body. Dr. Haskell passed his finger with some pressure over his reddened skin and it left a white streak or mark, and he remarked that we might possibly have a case of scarlet fever to deal with; but as this symptom often occurs in small pox, especially when of the purpuric or hemorrhagic type, we would await developments. The following morning at 9 o'clock his condition was much the same, except petechie or ecchymoses had appeared on the efflorescent skin, and by 3 or 4 o'clock p. m. of the same day these ecchymoses had developed

into purpura variolosa or hemorrhagic small pox, and the patient had become stupid, and later complete coma intervened which was followed by death about midnight of the same day. Thus, in less than forty-eight hours from the time he had appeared at my office as a strong, athletic and healthy young man, complaining of feeling slightly unwell, Harry Pitts was a corpse. This hemorrhagic condition is not confined to the skin, but attacks all the internal organs of the body, and patients have been known to die in twelve hours from the time of first complaint. As the disease moved so rapidly in this case the treatment was purely symptomatic.

On April 18, 1894, I was employed by the City of Alton thru Dr. Waldo Fisher who was acting as chairman of the board of health, to treat some small pox cases. At that time there were three cases: Mary Smith age forty-four, Louis Smith age nineteen, Albert Smith age five, all at their home on East Second street. They were at once removed to the pest house, and when they came under my care were all in the second or vesicular stage of the disease except Louis, who was in the suppurative stage. They were all well developed cases of confluent small pox, and past thru all the stages and symptoms of that type of the disease as described in the first part of this paper. In one of the cases a complete scab cast of the upper surface of the foot was shed in the stage of dessication. They were all well pock marked, and the time from the inception of the stage of invasion to the close of stage of dessication was about four weeks. Neither of the three had been vaccinated. The fourth case was Joseph Arnold who was living in the Smith family. As soon as he learned of the character of the disease he was vaccinated. It took well, but did not prevent the disease, but modified it so that varioloid was the result, from which he made a complete recovery in about ten days or two weeks, with no pock marks. The fifth case was John Meyers, age fifteen. He had never been vaccinated. He developed a typical case of discrete or distinct small pox and past thru all the four stages of the disease with the symptoms much milder than in the Smith cases. There were pock marks on his face, and he was well in about three weeks.

My treatment in these cases was both local and internal; beginning with a calo-

mel purge, I followed by quinin and salol to lessen the severity of the febrile movement; cold drinks of ice water or lemonade were allowed as the condition of the stomach would permit; the surface of the body was sponged with cold or tepid water. I used creosote as an internal antiseptic, also the sulfid of calcium in the vesicular and suppurative stages, with, I think, good results; this with supporting remedies such as liquid beef peptonoids, wine of beef and iron, elixir quinin and strychnin as general tonics, was my principal treatment. Locally to soften and assist in the shedding of the scabs, I used carbolyzed vaseline. As certain chemical rays of the sun are said to benefit small pox, I had red curtains placed over the windows and doors. I used none of the numerous remedies recommended for the prevention of pock marks as I think them of little if any value.

The prevention of small pox is accomplished first by vaccination, which is a subject for a paper in itself. I can only say that I believe that if vaccination was enforced on all children at an early age, and revaccination every five or seven years, that in three or four generations small pox would be eradicated. Next to vaccination as a preventative measure is isolation and strict quarantine of the disease.

In conclusion, I wish to call your attention to the great care I used in order to avoid contracting the disease myself or conveying the contagion to my patients or to other members of the community. On my first visit to the pest house I provided myself with a complete outer covering, consisting of a skull cap, mask for my face and beard, overalls and jacket, also overshoes and a long, linen duster, closely buttoned up, so the only part of my person or clothing exposed was my hands. When I entered the house I touched nothing, having trained the nurse in the use of the thermometer and taking of the pulse. I only remained long enough to ascertain, by inquiry and observation, the general condition of my patients, when I returned to the open air, where I heard further reports from the nurse and gave such directions as I thought desirable. About one hundred yards from the house I left, after each visit, my protective garments exposed to the sunlight and air, and washed my hands and face in a bichlorid solution, and went on my way rejoicing in the knowledge that I would

not convey that loathsome disease to my patients or other members of the community. During my attendance at the pest house, I was in attendance at several child births and treated a number of children and adults for various complaints, attended to my office and social duties, and that I did not convey the disease to others, I attribute entirely to the extreme precaution taken. W. W. HALLIBURTON, M.D.

Alton, Ill.

Treatment of Pneumonia

Editor MEDICAL WORLD:—Pardon me for bringing up this subject after being so well discust in THE WORLD some months ago; but it is an interesting subject to me, and we are now in the midst of a season in which it is so common. Pneumonia is a disease running its course so rapidly and with such fury that it will not bear hesitation or halting on the part of the practitioner. If there is anything he can do in this disease he should do it and do it right off. I firmly believe that a considerable per cent. of cases can be aborted, jugulated, or cut short, as you see fit to call it, but it must be by energetic, persistent treatment. There must be no delay. An activ antiphlogistic plan is the plan in my opinion; aconite, or better, aconitin, pusht carefully but determinedly until its physiological effect is produced, amounts to a whole lot in controlling the fury of this much dreaded disease. Again, mercury, a much abused, tho much used remedy, is valuable beyond description. I often wonder if the authors of text books on practise use calomel as little as their books would lead one to believe. In pneumonia push the calomel in small but frequently repeated doses. If a tiny, little red line shows itself along the edge of the gums, so much the better. I have never yet seen a case of pneumonia die if the gums were "slightly toucht." Don't be afraid of calomel in pneumonia.

As to counterirritation, it is valuable. Blistering is the best mode. Poultices are valuable, opiates are generally required, and also stimulants; whisky, strychnin, digitalis in rare stages of the disease, but don't use stimulants too soon. Don't mistake oppressions in the patient for a condition of depression or debility. Relieve the patient of the load that is so severely oppressing him, the acute, violent inflammatory action, then if much weakened by

the struggles, use your stimulants and tonics. Of course I do not now go fully into details of treatment; many other important details might be mentioned—as diet, etc.; but only offer in this article the principles of treatment as they seem the rational ones to me.

This treatment will remind many of a by-gone age; but many of the best plans of treatment, the most rational methods, had their origin in the early part of the now past century. The writings of George B. Wood contain matter that would be valuable for many of the M.D.'s of the twentieth century. I hope, tho, that the WORLD readers will not imagin that the greater part of my information has been derived from antiquated volumes, as I possess and read the classical works of Bristowe, Osler, Strumpell, and Tyson, with five or six journals, and try to keep up with the times; but I am not willing to abandon that which I know to be good simply because "it is old."

I forgot to mention in my list of late works on practise Waugh's Treatment of the Sick. It is of inestimable value to any practitioner. And I think the advent of alkaloidal medication a decided advance. Surely the alkaloids in the form of granules or tablets, in small safe doses, are an advance in the methods of treating disease. They are arms of precision if properly used. They are portable, clean, easily handled and will do the work if we properly inform ourselves in their use. I do not claim to be familiar with all of the alkaloids sufficiently to therapeutically handle them to the best advantage, but with a supply of granules of aconitin, digitalis, atropin, hyoseyamin, codein, morphin, quinin, strychnin, veratrin, apomorphin, cactin, caffen, calcium sulphid, colchicin, gelseminin, pilocarpin, glonoin (two of which are not alkaloids), we can mark the indications in quite a variety of cases, and carry all in a very small vest pocket case. But to do this we need not discard the old remedies that time after time we have found to be indispensable. W. H. THOMAS, M.D.

Steele's Tavern, Va.

Editor MEDICAL WORLD:—Accept thanks for January (1901) WORLD, which I was not entitled to until paid for, as my belief and religion is to "pay as we go." Inclosed please find one dollar for subscription to THE WORLD during the ensuing year. I may have told you that I made enuf money out of one article publisht in THE MEDICAL WORLD last year to pay for my subscription to your valuable journal for a much longer time than I shall live, provided the price remains at \$1.00 per annum. Very respectfully yours
H. J. BOUGHTON, M.D.
San Francisco, Cal.

Treatment of Pneumonia.

Editor MEDICAL WORLD:—Permit me to add my mite to the treatment of pneumonia. I am a "regular," have been practising almost twenty-seven years, and until twelve years ago I followed the teachings of the old school closely. Since then I have been using some of the eclectic and homeopathic treatment in my practise. As soon as the diagnosis of pneumonia is made I have a pad of cotton batting applied to the chest and all around the body, and kept on.

R
Chloroform m.xv to xx.
Tr. iodine 3j.

M. Sig.—For external use only. Apply to the chest night and morning. When the flesh gets very sore (do not blister) I stop using this.

Internally I use the following :

R
Specific tr. bryonia m.v to m.x.
Specific tr. macrotys 3ss to 3j.
Specific tr. aconite m.v to m.x.
Aqua ad. q.s. 3iv.

M. Sig.—A teaspoonful every 2 hours unless the patient perspires freely or his throat gets dry, or brown and dry (it makes no difference what the color is if it is dry), I add specific tr. of ipecac m.v to x to the above prescription.

If your patient suffers pain and is not restless then add to the above specific tr. passiflora incarnata, 3j to 3ij; and if he suffers pain and is restless then omit the passiflora from the above prescription and combine it thus :

R
Spec. tr. passiflora incar. 3i to 3ij.
Specific tr. pulsatilla m.x to 3ss.
Aqua ad. q.s. 3iv.

M. Sig.—A teaspoonful every 2 to 4 hours can be given at the same time you give the bryonia prescription; and when he gets quiet do not give the passiflora so often, or stop it.

When your patient has a red tongue be very careful how you give opium; or you might cause his death.

I think passiflora incarnata and pulsatilla are most excellent remedies. I use pulsatilla in nervous troubles in lieu of bromides, and passiflora in pain in lieu of opium and its salts. I do not like the old tinctures as well as I do specific tinctures. Specific tinctures are uniform in strength.

JOHN E. L. HAROLD, B.S., M.D.

La Grange, Ky.

Asepsis and First Aid as "She is Practised" On Some of our Railroads.

Editor MEDICAL WORLD:—Most of the great trunk lines now compel every crew to carry in engine and caboose, or baggage car on passenger trains, what they term an "Emergency Packet." Not long ago I had occasion to inspect one of these boxes. On the lid it bore the information that within were contained pins, bandages, cotton, and a tourniquet. Not a word as to the use of any of them. I questioned a brakeman, and learned that the boxes were placed there to be used by them until the arrival of the company surgeon would permit the injured having proper medical attention. They had no instruction in first aid, and he could not tell me what the tourniquet was for. In the box I found some remnants of bandages, a filthy tourniquet, and a grimy pin paper. This was their equipment for action in injuries which are always mangling and serious.

To my certain knowledge this box had been handled repeatedly by those suffering from gonorrhea and syphilis. When they needed cotton or pins, they robbed the box. What would be the aseptic(?) results when a mangled leg was wound with these remnants by filthy hands? These are the conditions which confront the railroad surgeon, and yet we seem to get results comparing favorably with more favored circumstances.

It often appears to us that truly the "wind is tempered to the shorn lamb," and the sinful and ignorant have an invisible shield over them.

St. Louis, Mo. A. R. R. DOCTOR.

A Homely Suggestion for Use in Acute Conjunctivitis.

Editor MEDICAL WORLD:—The routine practise is the application of compresses moistened with some greatly diluted antiseptic, such as boracic acid or bi-chlorid of mercury, 1 to 10,000; or the bathing of the eye with such a solution. When such directions are given, even the most intelligent layman feels injured, for he wanted "something soothing" used on those eyes.

I have long employed the following method. It satisfies the patient, is more rapidly curative than the other treatments, and may be made sufficiently antiseptic for all ordinary purposes:

A strong infusion is made of slippery

Editor MEDICAL WORLD:—Please find inclosed one dollar in payment for THE WORLD for the year 1901. This is my 12th year as a member of THE WORLD family, and my relationship has grown stronger and pleasanter, and the value and benefit that I have received thru its helpful and practical suggestions and counsel has increased and multiplied as the years have gone by. May it live to see the dawn of another century.
L. B. YOUNG, M.D.
Bolesville, N. C.

elm bark (not elm bark) ; into this infusion is put enuf boracic acid to make a saturated solution. The patient is instructed to avoid the light, keep the eyes closed as much as possible, if necessary using a bandage with cool compresses dipt in the solution, and to bathe the eyes frequently with the solution. The cure is rapid and satisfactory. Tho I admit that I always tell my patients that I am using "slippery elm" with my other drugs, I have used enuf of it to know that "suggestion" has no part in the cure.

Those who fall back, fearing that they have not a thoroly aseptic or antiseptic solution, may use boiled or distilled water and saturate it with the boracic acid before making the infusion.

I learned the value of the slippery elm from an old, ignorant midwife, who offered suggestions after I had come perilously near failure on a case of non-specific ophthalmia in a week-old infant. I made the slippery elm infusion aseptically, tho she could not appreciate all my "fixings." My case was cured sooner than I could have hoped. The hint was enuf. I use it all the time now, in both young and old.

Pittsburg, Pa.

"MEDICUS."

Form for Prescription Blank.

Editor MEDICAL WORLD:—I notice a

ORIGINAL

PRESCRIPTION FROM

J. S. LEONHARDT, M.D.
1427 O Street, Lincoln, Neb.

OFFICE HOURS:

9-11 A.M., 2-5 P.M., Daily.

PLEASE NOTE!

The medicine obtained on this prescription is to be taken only by

and no longer than is contemplated by the quantity hereby prescribed.

form of prescription blank in your issue for January, page 32, and you ask for criticisms. Here is my idea of a form that will avoid the objectionable features of your form, I think.

The address should be given, to street number, unless the doctor lives in a village. The office hours you give are a bid for night work, and my experience demonstrates that the laity establish these off hours of their own accord if they are permitted to do so. The evils of substitution and refilling are bad, no question, but honest druggists ought not be offended with matter in the hands of customers that are his as much as they are of the physician who wrote the prescription; the rogue will not be affected by it unless it be to make capital out of it. It is necessary to protect patients not only against the base druggist, but also against themselves; but it is not wise to "substitute" in their minds any form of suspicion; I am afraid your prescription would get them on their look out! Of course druggists use only pure drugs (?); of course the prescription is carefully written and for the specific use and cure of the patient paying for it—never let them think in advance that anything else is to be thought of. When they want it refilled, then comes the blocking against themselves if the druggist has any business

Druggist's Number

Not to be refilled without written order.

Digitized by Google

sense, and no doctor ought to patronize any other kind.

I think my form will accomplish what is desired, and not thwart it.

Lincoln, Neb. J. S. LEONHARDT.

Editor MEDICAL WORLD:—On page 32, January WORLD, I notice query regarding prescription blank. I enclose one of my blanks which I think is a decided im-

know about that gives results equal to strychnin. Early in my experience I noticed that one patient would gain in weight and another would be nervous and fall off. I found that the trouble was caused by the strychnin. It takes a great deal of experience to give strychnin properly. One patient will do well on $\frac{1}{4}$ gr. four times per day, and another will show the ill effects of $\frac{1}{8}$ gr. four times per day. I can

OFFICE OF

DR. F. L. INSLEE

Office hours....

8 TO 10 A. M.

7 TO 8 P. M.

No office hours on Sunday except by special appointment.

This prescription is intended for

MR. JOHN BROWN'S

Present requirements and for no subsequent time or condition.

It is not, therefore, to be refilled.

R

Date.....

provement on the one in question. The "letter" to the "druggist" at the bottom of prescription would not, I think, be likely to influence one who would substitute, or cause a new stock of drugs to be ordered if those in stock were not pure. The last request would be more apt to be adhered to, as there would be a possibility of detection. F. L. INSLEE, M.D.

LeRayssville, Pa.

Strychnin in the Treatment of Drug Habits.

Editor MEDICAL WORLD:—In the January WORLD I notice that you ask for reports on the use of strychnin in the treatment of inebriety. I have treated during the past eight years about 2200 cases of inebriety. I have tried pilocarpin, eserine, and tonics without strychnin. I am satisfied that there is nothing so far that I

usually get at the proper dose in about two days. The mistake, I think, is made in believing that strychnin will create a disgust for liquor, and the inexperienced practitioner is liable to push it to a very large dose if his patient does not give up drinking very soon. I made the same mistake early in my practice. I believe that any case of inebriety can be cured with the proper administration of strychnin. If the patient does not improve while taking strychnin, there is something wrong—too much is given, or not enough. For the past six years I have not had a patient who has not gained from five to twenty pounds in from three to four weeks. I have had nothing but the most flattering results with strychnin, but I consider it a drug which should not be used off hand. Great care should be taken to know the

exact results of the dose given. Better start with a very small dose, and if necessary increase it later, than to start with the regulation dose and injure your patient. I am not supposed to enter into details of the treatment of inebriety or the drug habits in this article, but will do so in a future article if you wish me to.

GEO. H. DENIKE, M.D.

Clinton, N. Y.

[Yes, Doctor, please give us details.—Ed.]

Editor MEDICAL WORLD:—Is there any drug or medication known to the profession that will cure appetite or desire for intoxicating drinks, tobacco, or cigarettes, etc.? I have tried in practise everything I have seen suggested in the medical journals without success, unless the individual taking treatment was using to his utmost his will power to refrain. Then medicine and advice will materially help, and often result in cure. I should like to hear others' experience.

A. B. WHITNEY, M.D.

New York City.

[Read Dec. and Jan. WORLDS carefully, and the above.—Ed.]

Rhubarb in Purpura.

Dear WORLD:—In these days of discoveries in medicine, invention and rapid movement, it seems to me that there may be danger of forgetting some of our old and long tried friends in our eagerness to acquaint ourselves with and avail ourselves of the newer ones. There are so many new discoveries constantly coming to the front that it seems hardly possible to keep pace with them.

About two years ago I sent you a little article, which you published, on my method of using rhubarb with quinin, especially in the treatment of children. At that time I thought I would soon send you another article on a peculiar use of rhubarb, which if not a new one, is certainly one of which I myself have never heard. I think it is recognized by most practitioners who have been in the habit of using rhubarb much, that it has a quality of affecting the blood in a manner quite different from most vegetable medicines. Whether that peculiar effect is dependent entirely upon its astringent acids, I do not know; but I am not inclined to believe that such is the case. The special uses of rhubarb to which I now refer are of a different nature from

those in which, so far as I know, physicians are in the habit of employing it; namely, as a hemostatic, in its action thru the stomach. In this direction I have used it in a number of different diseases, but more especially in cases of purpura hemorrhagica. In fact it was its use in these cases which called my special attention to its peculiar action thru the blood. The first case in which I noticed this was a truly typical one, and has been my guide in the treatment of all cases of purpura which have come under my treatment or advice since. This case occurred in the early years of my practise; and the fact of my not being overrun with business probably afforded me the opportunity of treating and observing it.

My old preceptor sent me to it, and told me that he and several other physicians had been at work at the case for six or seven weeks, with no especial benefit, which I at once perceived as soon as I came in contact with the case. The patient was a young woman of twenty-two, showing all the unmistakable signs of a severe and long continued attack of purpura. It would be easier to tell where she did not bleed from, than where she did, because she bled from almost every conceivable point or organ. The hemorrhagic spots were still visible over her whole body, but of course more or less faded and indistinct; more especially the lower limbs. Bad, dark blood dribbled from her gums and also from her nose, giving her, with the ecchymosed spots on her eyes and face, a most distressing appearance of feebleness and misery. The urine was heavily loaded with blood, and I was informed, on that morning of my first visit, that she had had no movement of the bowels, except at a regular time in the morning of each day for some eight or nine days, a gill or so of the same thin dark colored blood, and nothing more.

These were my observations on the first visit. I of course inquired what had been done for her. As I said before, the case was now well on toward seven weeks' continuance. Being young in independent practise, and feeling much delicacy in making innovations and changes in a case of which I knew little (and, seemingly, those who had treated it before knew but little more), I made diligent inquiry in regard to the treatment to which she had been subjected. Opium, iron and ergot—ergot, iron and opium,

told the story of her treatment. Having learned so much, I went home to think over the case. She was suffering, of course, with all the ordinary symptoms of hectic or toxic fever—high temperature, rapid and feeble pulse and headache. I thought the case over and over, in a hopeless sort of way. The case appealed to me strongly, and yet I did not know what to do with it. I saw her again the next morning, and found no change except a general increase of the discouraging, if not almost hopeless array of symptoms. I found that, in the meantime, there had been no movement of the bowels, except the usual discharge of black blood. As I said before, it was now eight or nine days since she had had any other evacuation. I said to myself that the treatment had had its legitimate effect. The alimentary canal had been pretty thoroly paralyzed with the opium, iron and ergot treatment. I must, in some way, produce a mild action of the bowels. What shall I use? I made a rapid canvass of all the old and well tried cathartic remedies, and finally concluded that rhubarb should be my forlorn hope; and this, I thought, I must use in some very mild form, for she was in a state of great debility and very anemic. I concluded that the aromatic syrup of rhubarb should be the preparation. Now with this, what shall I use for an additional tonic? I reviewed all the tonics with which I was acquainted, and settled on compound tincture of cinchona. Having decided thus far, I wrote a prescription as follows:

R

Tr. cinchona comp. 2 oz.
Syr. rhei. aromat., q. s. ad 8 oz.

M. Sig.—A tablespoonful once in two hours until bowels move.

I think it was something over twenty-four hours before I saw the patient again. My prescription had been faithfully used, and I think almost, if not entirely consumed. But a real evacuation of the bowels had been produced, and the most distressing symptoms had begun to diminish, especially the discouraging hemorrhages. The urin, which I have noticed in all such cases begins to show the earliest effect of the rhubarb treatment, had begun to clear up; the fever was less, and the patient really better. I continued the medicin, giving it less frequently and in smaller doses for several days. Of course I made the best suggestions I could in regard to

her diet. She improved rapidly, and I left her at the end of about two weeks. So far as I ever knew, she had no return of the purpura.

Following this case, during the next few years, I had a number of cases in the same line, which gave me much satisfaction. Some of these, if you think it worth while, I may hereafter try to narrate.

Woodbridge, Conn. J. W. BARKER.

[As the above case seems to be typical of the class, and if it illustrates uniform success with the treatment given for that class of cases, one is sufficient. If you have made other new uses of old remedies as strikingly successful as the above, we would be pleased to have them.—Ed.]

Fractures.

Editor MEDICAL WORLD:—Fractures, like deaths and births, are always in season; and so are articles thereon. There is no class of cases which doctors approach with more fear than fractures. The profession is not slandered by the statement that it has not done itself proud in their management. The treatment has been cumbered with too much machinery.

What I shall say on the subject is a rehash of what has been written by others. Iteration and reiteration seem to be necessary to wean the ordinary professional mind from the worship of its idols: hospital and college teachers.

In the February WORLD, 1886, and again more fully in the September WORLD, 1890, page 373, Dr. J. H. Stearns, of Lynn, Mass., describes his method of setting long bones, as follows: To set the thigh bone, "Prepare four flat splints of wood about three-eighths of an inch thick for the upper, under and sides of the thigh, in length not to extend above the trochanter, nor below the condyles of the knee. Take a cord and measure around above the knee, fold the cord twice, and you have one-fourth of the circumference; cut off one inch from this. and you have the proper width of the lower ends of the splints; do the same to get the width of the upper ends. Now pad these with cotton and cover with cloth, and you are ready to 'set' the limb. Have a person to hold the foot, so that the great toe will be on a line with the knee pan, or to correspond with the other leg. Carefully place a splint under, on either side and above; take strong tape, loop it around the middle and tie it as snugly as possible,

then around each end quite tightly. The first one, by this time, will require tightening. Put two others between the center and ends, and keep on tightening them, one after another, until a measurement shows that the leg is as long as the other, and you will find that the bone is 'set' without force and entirely painlessly. Do not, under any circumstances, bandage a broken limb. A fracture thus put up, not tight enuf to impede the circulation, but just tight enuf to prevent the muscles from contracting, and kept thus for 'forty days and forty nights,' will be found to have reunited with the smallest amount of shortening ever obtained.' The Doctor directs that a starch bandage be applied later.

About ten years ago a writer, I think in THE MEDICAL WORLD, described his method of applying a plaster of Paris bandage thus: "Spread the muslin on a table, sift the plaster over the muslin, wind the muslin around a small, straight stick, the stick the length of the width of the cloth, and roll the muslin around the stick. When the roll is completed, tie strings around it, take it to a butcher and have him lay it on the meat block and cut the roll thru between ties with his cleaver. To apply, put the bandages into a basin of warm water, and apply as an ordinary bandage."

I at once adopted this method of preparing bandages, and with some modifications have used it ever since, with satisfaction to myself and comfort to my patients.

Dust and roll two, three or four yards of muslin, according to the number of bandages to be used at once. Have them cut in widths adapted to the size of the limb to which they are to be applied. To roll the bandage the stick is a convenience, but not a necessity. Some butchers reluctantly complied with my request to cut it into sections. Without the stick it can easily be cut with any sharp, long-bladed knife.

Below the knee have a stocking put on. This gives a clean, smooth inside surface. Apply circularly, then up and down, finishing with the circular application. Apply so as to leave a thin streak in front, to be more easily cut. A bandage so applied fits like a glove, and leaves nothing to be desired to hold the fragments in place.

Doctor Ezra Miechner, of Chester county,

Penna., wrote a number of articles on fractures. Those which I saw were published in the Medical and Surgical Reporter from 1881 to 1886. His writings convinced me that he had a knowledge of fractures, and a skill in their management, beyond the combined knowledge and skill of all the authors, hospital surgeons and college professors in the United States. But because he was not an "authority," the profession did not profit by his writings as it should have done. The last article I saw from the Doctor's pen was written in his ninety-second year. The editor of THE WORLD, in my opinion, would furnish the family mighty interesting reading by republishing Dr. Miechner's articles on broken bones.

Brothers, set the bone, apply a constrictor sufficiently tight, and neither screws, weights nor pulleys are needed to keep up extension. Do this and fractures will cease to be an opprobrium of surgery. The methods pursued heretofore are open to severe and adverse criticism. This is a retold story to emphasize information which, upon thoro testing, proves to be of special value. J. S. DODDS, M.D.

6212 Penn avenue, Pittsburg, Pa.

New Treatment for Diphtheria.

Editor MEDICAL WORLD:—I like your journal. It seems that you get next to the ordinary doctor with more ease than any other man in the journal business. You seem to know just where he heeds a probe, and it usually comes at the right time. It is evident in my mind that unless your sympathies were with us you would not be able to judge us with such apparent ease. Allow me to give you my treatment of diphtheria, which I do not believe has ever been suggested by any one, and in fact it has been an experiment with me. I place my chief reliance on formalin. I have them procure a steam atomizer, or if there is none to be had, have them cover the patient with a sheet and in a vessel or in the atomizer place a weak solution of formalin. I keep the patient inhaling the steam for at least half an hour at a time, allowing a period of rest and follow up the same treatment until the membrane begins to "sluff off," then at longer intervals. In addition to this the patient is taking teaspoonful doses every hour of the following: Sp. echinacea dr. 3, sp. phytolacca dr. 1, aqua q. s. ad. oz. iv. In some few cases I have given as a gargle pix-cresol,

gr. xx to 4 oz. of water; of this I take 1 teaspoonful in $\frac{1}{2}$ glass of very warm water gargle every hour.

I have seen cases in which all hope of recovery seemed almost impossible rapidly recover. All the cases I have had have never lasted more than three days with this treatment. I have lost cases with antitoxin but none with this so far.

Kenesaw, Neb.

E. J. LATTA.

Flexible Cloth for Splints.

Editor MEDICAL WORLD:—Some days ago an agent called on me trying to sell me some flexible cloth, with which to make splints. The price was \$5.00 per yard. I was surprised to see the large number of orders he had gotten, and decided to publish a formula that I have had for years. The cloth as prepared by the method I give is to all appearances similar to the cloth sold at \$5.00 a yard. It is as follows: dissolve one pound of gum shellac in one pint and a half of 95 per cent. alcohol, with one dram of borax. Let the mixture stand until all of the shellac has been dissolved; then, it is ready to be applied. Old cloth makes the best splints, I generally use an old pair of trousers. Apply the solution to one side of the woolen cloth with a brush and dry thoroly before a hot fire. It takes about one hour to dry properly. Then apply a second coat on the same side, and dry as before. You will then have a single piece, but if you wish a stronger piece, apply the solution on one side of two pieces that have already been prepared, dry them, place them together and press with a hot iron and they will unite and become as one piece. Always be sure to dry out all of the alcohol. To temper the cloth for use, hold before a hot fire until soft, then apply. It will adapt itself to the shape of the limb at once. To make it set quickly, hold in cold atmosphere, or dip in cold water. This formula cannot be generally known, for there would be no sale for the flexible cloth if it were.

I take seven medical journals, but think THE WORLD in a great many respects the best and most practical journal I know of. May it continue to prosper.

THOMPSON M. BAIRD, M.D.

Christiansburg, Virginia.

Hemorrhoids.—The Tobacco Habit.

Editor MEDICAL WORLD:—I would be pleased to have the experience of your readers in the medical treatment of hemorrhoids. A Dr. Johnson died in St. Louis, Mo., a year ago who was to my personal knowledge pre eminently successful in treating this class of cases. I quizzed some of his patients in regard to the treatment, but all they were ever able to tell me was that medicin was applied to the hemorrhoids with a pledget of absorbent cotton, and that the treatment was painless. The hemorrhoids would disappear after three or four treatments, and so far as I can find out, the results are permanent. In reply to the question of Dr. N. J. Johnson, of Leander, Indian Ter., in November WORLD, will say that the following is said to be a sure cure for the tobacco habit:

R
 Pilocarpin muriate grs. iij
 Acid boracic grs. xx
 Aquæ dest. fl. oz. j

M. Sig.—Inject 3 to 5 minims every other day.

This causes some nausea.

R
 Acid boracic grs. xx
 Aquæ dest. fl. oz. j
 Thein muriate grs. viij
 M. Filter. Bring the water and boracic acid to boiling point before adding the thein muriate.
 Dose.—Five to seven minims four times a day hypodermatically.

The following prescription is given thruout the treatment:

R
 Fl. ext. columbo oz. $\frac{1}{2}$
 Tr. quassia oz. $\frac{1}{2}$
 Spts. vini rect. oz. $\frac{1}{2}$
 Aquæ q. s. ad. oz. 4

M. Sig.—A teaspoonful every 2 hours.

The party from whom I bought these prescriptions claimed that they were a positiv cure for the tobacco habit in any form, but I give them to THE WORLD readers for what they prove to be worth.

I used the following prescription successfully in two cases:

R
 Apomorphine hydrochlorate gr. iv
 Acid hydrochloric dil. dr. ij
 Tr. nux vomica oz. ss
 Aquæ dest. q. s. ad. oz. viij

M. Sig.—One-half to one teaspoonful every 2 hours.

Beardstown, Ill. C. C. PATCHEN, M.D.

[The spirit of the quack is to keep secrets, or sell them. The spirit of the truly professional physician is to obtain all possible information from every

source, and give it freely to his professional brethren, as in the above communication. But we will always find that the quack with all his pretensions, has no "secrets" not already well known to the profession. When his "secrets" are bought and exposed, we do not find anything new in them.—ED.]

Doctor and Druggist Again.

Editor MEDICAL WORLD:—In the April number of your journal is an article headed: "Another Message from the Front." Now, this battle between the physician and the retail druggist has been on ever since I first attended medical societies. I then gave my opinion as to the remedy. This was about thirty years ago, and I have been compelled to listen to the rattle of the artillery from both lines of defense ever since, and it sounds just as absurd to me now as it did then to hear physicians continually prating about being mistreated when we have the remedy in our own hands. To my mind there is but one remedy, and that is to fill our own prescriptions. Some physicians have said to me, "Oh, we must stand in with the druggist or he will proscribe us." Well, just let them do so; and when it comes to that, physicians can work at the same business. But let us go on a few years longer sending our prescriptions to druggists to be filled, and thereby teach them to prescribe. Then they will have it all their own way, and the doctors will have frittered away all their power of self defense. Even now I hear it said by the laity: "Why shouldn't the druggist know better how to prescribe than the doctor? for he fills the prescriptions of all the doctors and his own too."

I am doing a general practise and have not sent a dozen prescriptions to druggists in my life. They may have consigned me to that mythical place where the preachers say most doctors go, but if they have, I have not felt any inconvenience from it yet.

H. WHISLER, M.D.

New Antioch, O.

Determination of Sex.

Editor MEDICAL WORLD:—In December WORLD, page 476, I see an article on the determination of sex. I have been comparing Prof. Schenk's theories with the rules laid down by Dr. J. G. Davis, as published in the New York Medical Journal of February 24, 1900. The advice and

rule of the latter seems most probable. Results seem to favor Dr. Davis' studies. The mother in mental, physical and sexual ascendancy, the product females. The father in mental and physical supremacy, the product males. In other words, let the mother invite offspring the first or second day after menstruation, the father in good condition, product females. Let the mother invite offspring the ninth or tenth day after menstruation, the father in good condition, product males.

It would help establish the correctness of these theories and rules if the profession would take notes and report for publication.

A. B. WHITNEY, M.D.

New York City.

Favorit Prescriptions.

Editor MEDICAL WORLD:—I am a new subscriber, and I like your journal very much; it is so practical. I like your plan of asking your readers to send you reports of their successes and failures, and the prescriptions they have learned to "swear by." The following are some of my favorit formulae:

For malarial fever of the intermittent type, I have found the following prescription to be an almost sure remedy to prevent the recurrence of the chill and to destroy the malarial parasite, especially after clearing the bowels with calomel or blue mass:

R

Tinct. ferri chlor	dr. iv
Quinin sulf.	gr. xx
Tinct. nuc. vomicae	dr. ij
Liq. potassii arsenitis	dr. ij
Aqua q. s.	oz. vj

M. Sig.—One dessertspoonful well diluted after meals.

In very obstinate cases I add one twenty-fourth of a grain of bichlorid of mercury to each dose of the above.

In cases of indigestion, accompanied with slight constipation, hepatic torpor, a foul tongue, and more or less pain after eating, I have found the following pill very useful:

R

Strych. sulf.	gr. $\frac{1}{2}$
Podophyllin	gr. ij
Powd. ipecac	gr. ij
Powd. ext. hyoscyamus	gr. xij
M. ft. pil., No. XXIV.	

Sig.—One pill half an hour before meals

This often does more good in my hands than many of the expensive pepsin preparations.

For vomiting, especially in children, this is a very excellent prescription :

R
Hgd. chlor. mit. gr. j
Cerii oxalatis gr. iij
Sodii bicarb. gr. iij
M. et div. in chart, No. XII.

Sig.—One every hour.

For pneumonia I usually prescribe carbonate of ammonia, and alternately with the ammonia I give small doses of the tincture of belladonna, combined with sulfate of strychnin. There is very little said in medical literature about the use of belladonna in the treatment of pneumonia, but I find it very useful. Small doses (3 to 5 drops of the tincture), combined with strychnin, and given every three hours, acts well as a respiratory stimulant, and at the same time dilates the capillaries of the lungs. Perhaps the sulfate of atropin would be better, but the tincture is more convenient for me.
Cedar Creek, N. C. K. G. AVERITT, M.D.

Shall We Jump at Conclusions?

Editor MEDICAL WORLD:—"Jump at conclusions," "bad guesses," and "I don't know" are all reminders of uncertainty. Men of nervous temperaments jump at conclusions, men of lymphatic temperament creep at conclusions, while men of mixt temperaments and too busy to guess or think, may belong to the "I don't know" class.

Experience and observation cause men to guess, think or suppose when they have no positiv knowledge of a fact, neither the way nor means of ever finding it out.

"I don't know" may signify that nobody ever will know, and nobody should make a guess about it. But where is the man who can restrain himself from guessing or supposing, be those guesses ever so bad? We have read of and heard of guesses equally bad concerning the cause of male and female offspring; yet a bad guess shows a little more life, thought and pluck than an "I don't know." Hence I will continue to guess when I "don't know."

Does a fetus float in the amniotic sac? Can an object float when it is much larger and heavier than the fluid in which it floats? How much amniotic fluid is generally in the amniotic sac a month or two before childbirth, or at birth? I never had an idea that the amniotic sac was a swimming and floating pool, wherein the child

might exercise a month or two before its birth.

There is no effect without a cause, yet different causes may produce similar effects, as easily as different effects are produced by the same cause. It may have been a "bad guess" to suppose that the spina bifida in the first case was caused by the mother's fall down the stairway, striking her back against the steps; and in the second case, the spina bifida caused by the mother pressing her abdomen against the washboard with the back of the child to the front; yet it is no unusual occurrence for a shoe or boot to rub a person's foot in walking, even if a stocking is between the foot and shoe.

Our experience teaches us to believe in direct and indirect causes. Whether both the spinæ bifidæ were produced by the same direct or indirect cause is not clear. "I do not know" is an expression that I have made hundreds of times to my patients, without any guesses, but when one professional brother speaks to another brother he has a right to guess, and should guess, even if it is a vague or almost improbable guess. As long as we do not know, let us guess.

To-day I visited one of my patients, and when I arrived at his house he was in charge of the undertaker. I saw him for the first time four weeks ago at my office. He was jaundiced, had good appetite, no pain, clean tongue, and an intolerable itching. He had been under treatment four weeks before he consulted me. I told him the trouble was with his gall-ducts, due, perhaps, to catarrh of the duct and liver. I concluded, or guessed, that he had no cancer nor gall stones from the fact that he had no pain. Two weeks before his death he told me that he had "a small lump" on his back, which bled occasionally. I told his family that it looked suspicious. On my way home I "guessed" he was suffering from melanotic cancer of his liver. During the past week he had considerable pain. A week ago I guessed that he might live a month or two. On my arrival to-day I was surprised to find him dead. I askt the son for a post. I found his liver black and enlarged, the gall bladder more than twice its normal size, stretcht full of bile, and a closing up of the cystic duct at the neck of the gall bladder, which was hard, but easily gave way upon pressure with my thumb and finger. There was no trace of biliary cal-

culi. I said to the family, "I don't know," but I guessed for myself before and after death, and previous to the post, and found I had guessed right.

FRANK R. BRUNNER, M.D.

Eshbach, Pa.

Treatment for Obstinate Neuralgia.

Editor MEDICAL WORLD:—I notice in the November WORLD, page 431, that Dr. H. Rosahnsky wishes help in an obstinate case of facial neuralgia. I had a case some time ago in an old gentleman eighty-seven years of age, who had been suffering from the above over twenty years. He had consulted eminent neurologists, and had the nerve cut and cauterized with the galvanic cautery, but received only temporary relief. He was troubled with neuralgia of the superior maxillary, and also the orbital, and received permanent relief from my applying the following treatment:

Wash parts afflicted with bichlorid solution 1:100, and inject the following into the inferior maxillary nerve, at base, and into the mental foramen:

R

Guaiacol carbonate liquid dr. ij
Spt. chloroform (Squibbs). dr. ij

M. Sig.—Inject 10 to 20 drops at one treatment once a week until three (3) treatments have been given, then repeat when symptoms present themselves again.

Your hypodermic needle should be longer and stronger than the ordinary needle, and *perfectly aseptic*. If applied as directed, you will receive permanent results.

I hope that Dr. H. R. will be benefited by the use of this treatment.

Florence, Colo. J. T. REES, M.D.

A Severe Malarial Season.

Editor MEDICAL WORLD:—I admire THE WORLD on many accounts, one being not embodying advertisements in its reading pages. I love advertisements, but I want them where they belong. I have seen so many journals that were but instruments for the proprietary medicin men.

We have been thru the most severe malarial season I ever witness. Hematuria, suppression of urin, "yellow chills" and all the forms of pernicious malaria have swept the hill country as well as the swamps. Quinin was my sheet anchor except in suppression of urin; then calomel, jaborandi and digitalis with acetate

of potash until action of the kidneys was restored, then quinin. Elimination and quinin are what you want and must keep up. I had a patient whose urin past only once in four days, and recovered. I wish some of our delta brethren would write more about malaria.

Montpelier, Miss. W. V. SAUL, M.D.

Chlorate of Potassium for Puerperal Septicemia.—Specific for Earache.—Best All Round Febrifuge.

Editor MEDICAL WORLD:—Some months ago I saw in the Medical Era the statement that chlorate of potassium in saturated solution, given every four hours, was a specific for puerperal septicemia. I have tried it several times and believe it is. I hope my professional brethren will try and report.

A granule of atrop. sulf., gr. $\frac{1}{10}$, dissolved in a few drops of water and dropt into the ear is about a specific for earache.

Experience has taught me that acetanilid in small doses, frequently repeated, fortified with caffen (citrate) is the best all round febrifuge. In my practise it has been perfectly safe.

Quincy, Cal. J. S. WHEELER, M.D.

Sulfuric Ether for Stings of Insects.

Editor MEDICAL WORLD:—In 1893 I was called to see a boy six years old, in Wright county, Mo., who while eating peaches was stung by a yellow jacket (he said). I found a sting left inside the under lip. I found him struggling for breath; his lip as thick as my finger, and from edge of hair to sternum purple and greatly swollen. I applied sulfuric ether to the sting, and in five minutes he was breathing easier, and in twenty minutes was completely cured. I have used it many times, and always with good results.

Have any of the brethren tried it in poisonous bites and stings?

Mosher, Ark. JESSE R. ROBERTS.

Horsemint as a Diffusible Stimulant.

Editor MEDICAL WORLD:—I see in December WORLD an article on "Frozen Patients." I agree with it perfectly until you come to the brandy or other alcoholic stimulants. Here I would add or substitute three to five drops of the ess. of monardo punctata, or horsemint, put upon the tongue every five or ten minutes until warmth and vitality are restored. I have used this remedy for more than thirty

years, and succeeded when other things failed. Also, one or two drops on sugar, or in hot water, is a most excellent stimulant where you do not wish to use alcoholic stimulation; or where there is a prejudice against such stimulants—in fact, in all cases where you want a prompt, quick, diffusive stimulant. It will not induce a habit. It is invaluable to the country M.D. on account of the small dose, quick action and pleasant results.
New York City. A. B. WHITNEY, M.D.

Editor MEDICAL WORLD:—It strikes me that I have made a terrible "hash" of my life when I read the journals and learn about some fellow who has treated two to sixteen hundred pneumonias without a death, seventy to a hundred membranous croup with some infinitesimal drug in one winter and no deaths, lobar pneumonia jugulated "while you wait" with $\frac{1}{16}$ gr. aconitin hourly.
Hanley Falls, Minn. W. M. BECK, M.D.

An Unusual Obstetric Operation.

Editor MEDICAL WORLD:—I will report the following case and would be glad to know if there has been a similar case. It is of three and one-half years' standing, caused by atresia of the os uteri. At term she expected to be delivered; was as large as other women; milk was secreted and ran out. Still she went on until all the water was absorbed, leaving nothing but a mass of bones and corruption. A few weeks ago I was called to see the lady. Found her as above stated. I advised an operation as the only hope of relief. So about four weeks ago I chloroformed her and made an incision where I supposed the original os had been, dilated it and removed the bones with long forceps; also a considerable amount of very offensive matter. Notwithstanding she was very weak and feeble from much suffering, she survived the operation, which lasted about three hours, all right. I think she will entirely recover. As this is such a brief statement, I will be glad to answer any questions.
Bakersville, N. C. M. F. PENLAND, M.D.

Editor MEDICAL WORLD:—I intend to publish a second paper on the use of the suprarenal capsule in organic heart disease (for first paper see N. Y. Med. Jour. Oct. 6, 1900, pp. 581-585). Will you kindly ask the readers of

your journal to send me the reports of their cases as follows:

I. The condition of the heart and pulse and pulse rate.

II. The effect on the heart and pulse and pulse rate within ten minutes after the suprarenal powder, three grains, is chewed and swallowed without water, by the patient.

SAMUEL FLOERSHEIM, M.D.

218 E. 46th St., N. Y. City.

A Careful Record of One Hundred Obstetric Cases.

Editor MEDICAL WORLD:—Being deeply interested in obstetrics I will give a record of one hundred obstetric cases, carefully kept. There were 57 female children and 47 males. Two still-born, one caused from diabetes and one from albumin. There were two cases of placenta previa, one case of adherent placenta, three cases of puerperal eclampsia (used instruments in two of these cases), two cases of breech presentation (used instruments in one case), two cases of post partum hemorrhage, one case of face presentation (turned) and ten cases requiring the use of instruments. There were two more cases in which I would have used them but for the objections of some member of the family.

The shortest period that any one patient was in labor was twenty minutes, the longest period was forty-two hours.

Ten babies were born before my arrival, but I had to remove the placenta in six of them after my arrival. One case of placenta previa in particular, the placenta was situated wholly over the internal os uteri. Sent for me about three days before the termination of labor. Found the woman bleeding profusely with very little dilatation of os. Had consultation. We took a large sponge and shoved it up against the os uteri and thoroly packed the vagina with cotton tampons, which effectually stopt the hemorrhage for a few hours; but the cotton became soaked with blood, and getting loose, hemorrhage would break out afresh, so I had to renew the plugging twice a day, also on account of the septic condition of the cotton if it remained too long. After the third day the pains became stronger, os dilated, we tore a hole through the placenta and delivered with forceps, as there was profuse hemorrhage. Mother and child made a good recovery in spite of the gossip mongers, who said if they did not change physicians the woman would bleed to death.

Of the three cases of puerperal eclampsia, I will mention this one in particular: A strong, robust young woman of 24 years; first child; sent for me in great haste, the messenger saying Mrs. T. was having fits; to come at once. Found the woman having convulsions about every five minutes. Made a digital examination and found no dilatation. Very rigid os. I administered chloroform and gave her Norwood's tincture of veratrum viride in five drop doses every eight to ten minutes. Dilated the os the best I could with my fingers. Under this treatment the convulsions gradually grew less in severity, and in three hours delivered her of a fine baby with instruments, convulsions continuing with less severity for about one and one half hours after delivery. Mother made a good recovery and the child did well.

I could give the treatment of all of my cases more in detail, but as space is limited, have condensed it, but would like to say that I am heartily in favor of the intelligent use of instruments and chloroform when needed. How can we, as physicians, sit idly by (or go to bed and go to sleep) and hear the agonizing cries of a woman when in the throes of childbirth, and hear her pleading for help, when we have such useful remedies at our command (when properly used). We can save our patient hours of untold suffering and misery (not counting the after effect of such a nervous strain kept up for hours) by the skillful use of chloroform and instruments. But you may say, all are not skillful in the use of instruments. Then they would better not use them, or better not practise obstetrics. Now, understand, I am far from advocating the indiscriminate use of the forceps or interference with a normal healthy labor. I wish merely to insist that nature is incompetent to meet the requirements of all cases, and when competent, nature would frequently require hours of exhaustive effort and untold suffering on the part of the patient. The judicious use of chloroform and the instruments should be our stronghold. I have never in my experience had any bad after effect from the use of the instruments. In a country practise where a physician has to include obstetrics, he can soon make or lose a reputation. If it were not for obstetrics and diseases of women and children, our practise would be very much curtailed. As a rule, if a

physician attends a woman in confinement and all is well, he will thereafter have the practise of that family, attending the baby in its sickness, cut its tongue-tie, treat it for measles, whooping cough, croup, scarlet fever, mumps, chicken pox, and a host of other diseases; not counting sickness caused by the administration of catnip teas, paregoric and soothing syrup, castor oil, molasses and whiskey, by some kind old woman for supposed colic, because it is so bound up and wrapt up and covered up that it can hardly breath. Pins prick it and it kicks and squalls with pain. Result, physician is called; baby gets well. But the path of the obstetrician is not strewn with flowers, for when he is in the happy land of dreamland and rest he is aroused from his slumbers by a bang at his door or a ring of his bell. Inquiring what is wanted, he is told that Mrs. H. is in labor and that he is wanted at once. Mr. H. was never known to pay his medical attendant, but if he refuses, all of her relatives, rich and poor, will give him the cold shoulder, the neighbors will call him inhuman, hard hearted, and say that he should not be allowed to practise medicine; that they will never employ him again. He never has a day that he can call his own, for an obstetric practise of twenty-five a year will keep him engaged all of his time, looking every stormy night to be called. He can not go a gunning, altho game be plenty; everybody else is bagging the game and catching the fish and he is in need of the recreation. But somebody's wife is going to have a baby before long, and if he be off fishing or hunting when wanted, he will catch fits on his return.

Vevay, Ind.

L. H. BEAR, M.D.

Ichthyol, twenty grains to the ounce of lanolin, makes an excellent application for chapped lips, and hands.

LONDON COUGH MIXTURE.

Benzoic acid.....	gr. 12
Oil anise.....	m. 2
Aromatic spirit ammonia.....	m. 90
Spirit nitrous ether.....	dr. 3
Wine ipecac.....	dr. 3
Tincture capsicum.....	m. 20
Glycerin.....	dr. 4
Infusion senega, enuf to make.....	oz. 3

—Pacific. Med. Jour.

Dr. U. D. Stone, of Steinauer, Neb., renews his subscription and says: "I do not care to own the earth, but I could hardly get along without THE WORLD."

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Dr. L. E. Warrington, of Neches, Tex., pleadingly asks for a plan of successful treatment for malarial hematuria. See recent reports in these columns of the use of methylene blue for this trouble. See January WORLD, page 33.

Editor MEDICAL WORLD:—I would like to know the formula of oxygen comp., manufactured by Drs. Starkey & Palen, and sold at the modest price of \$13 per quart to a confiding public. It appears to me to be only a weak solution of lactic acid in distilled water. It is used for inhalation for throat troubles and asthma.

Salunga, Pa. J. S. KENDIG, M.D.

Editor MEDICAL WORLD:—Will some of your readers kindly give me, thru THE WORLD, a good formula for shaving cream? A patent preparation is on the market and is highly recommended for tender face, pimples, etc. Also formula for a good shampoo preparation, such as barbers use.

M. E. DOWNES, M.D.

Magnolia, Del.

For Chilblains.

Editor MEDICAL WORLD:—Will some one please tell me the difference in therapeutical effect and dose between the murate and nitrate of pilocarpin?

For chilblains:

R

Caustic potash	1 part.
Glycerin	
Alcohol	aa 40 parts.
Water	120 parts.

M.—Wash tender places in hot water and apply night and morning.

Quick and sure cure.

Columbia, Okla. W. K. HARRIS.

Editor MEDICAL WORLD:—About a dozen years since I read an article in THE WORLD in which the author gave a method of making a liniment. The liniment was composed of ivory soap, turpentine, camphor and water. I made and used some; it was excellent. When I wanted to make more I could not find the article. Can

you or any of your readers help me out in getting hold of this prescription?

Charlton, N. Y. F. W. ST JOHN.

[At this season of the year we haven't time to search old files; particularly is this true *this* year, as we have received more new subscribers this season than in any previous one, rendering an enlargement of our office force necessary. You should have some system of keeping particularly valuable information.—Ed.]

Editor MEDICAL WORLD:—I know of no way in which one gets more from his money than subscribing for THE MEDICAL WORLD. I feel that the editorials are safe guides, and the "Monthly Talks" something not found in so plain and condensed form in any other publication. Will you please give us an article on "Cuban itch" and "Manila fever"? Will some one give ol. ricini a trial in typhoid fever? giving daily in moderate doses, and if necessary to check the bowels, use Dover's powder, and report results. One remedy not mentioned for hiccup is tr. cannabis Indica.

Durango, Col. L. C. HURD, M.D.

[We appreciate your liking for our efforts. Cuban itch was touched upon on page 24 of the January WORLD and also in this issue. This disease is not known in the eastern states, and is regarded by most writers as a mild form of small pox. We will refer your communication to an army surgeon now in the Philippine Islands for information on Manila fever. Malta fever is well known, but "Manila fever" has not yet won a place on authoritative lists of diseases. Manson, Tropical Diseases, sold by Leary, Stuart & Co. New York, at \$3.50 net., is the latest and best work on tropical diseases. Will someone try the Doctor's suggestion in typhoid? Doctor, have you used this yourself, with success? Ed.]

Chronic Ulcer.

Editor MEDICAL WORLD:—Mr. S., aged sixty-three years, suffered with lumbago in 1864 while in the army, and recovered nicely. But one limb was affected slightly, and in 1868 it became swollen from hip to knee; it measured forty inches at knee. Finally it located in right foot, then improved slowly, and in 1875 the inner side of calf of left limb became swollen and broke out in the nature of eczema, full of small furuncles, gradually increasing in size, until in 1892 it broke open and

became a running ulcer, about one inch in diameter, the furuncles extending as far as the swelling, which was two or three inches on either side. Had it treated by a physician, and ulcer healed over. In 1894 it opened the second time. At that time it was thought best to not heal the ulcer, for fear of injuring patient's general health. The ulcer gradually grew larger, and when I saw patient, a year ago, ulcer was two inches wide and three inches in length, the swollen part extending around limb and about ten inches from ankle upward. I have been able lately to keep it from spreading, but fail to heal it up and grow smaller. It is very painful, especially so at night.

Will the brothers offer suggestions in way of treatment, and what course to follow? Family history points to nothing.

Ohio.

O. C.

[The writer does not say what treatment has been tried, nor what authorities he has consulted. Before coming to the *WORLD* "family," an applicant for help should first exhaust all the means in his reach, and in his report he should state what has already been done. We want our quizzers to be students.—Ed.]

What Sized Dose of Strychnin is Allowable?

Editor *MEDICAL WORLD*:—If there is no motion before the House, I would be glad if the Editor and a few of his readers would give an opinion on the huge doses of strychnin recommended by some physicians. I see it recommended in doses ranging all the way from $\frac{1}{16}$ to $\frac{1}{2}$ gr., and it would seem that this dose could be repeated as often and as long as the same amount of phosphate of soda. It may be that my medical education "smells too strong of pine-smoke" to render an opinion on this subject, but it seems to me that this dose is rather large. I would like to know how many $\frac{1}{2}$ -grain doses a patient would bear. "Till you get the effect" will not do for an answer, for a great many country doctors cannot see their patients oftener than once in 24 or 48 hours. He cannot stay to see the effect, and the nurse might not be able to determine when the effect had been produced. The writer is just recovering from an attack of chicken pox. He has had everything now but a bad conscience and an ugly wife.

A. C. GORE, M.D.

Hohenlinden, Miss.

[We wish to congratulate the Doctor on

his conscience and his wife. Tho he may have had all other bad things, still he is lucky. We have seen strychnin given in $\frac{1}{16}$ -gr. doses every four hours, for a day or two, with the result of perhaps saving a life; but the condition was a very extreme one.—Ed.]

Varicocele.

Editor *MEDICAL WORLD*:—My first question askt you and yours is: Give me the best treatment for varicocele. If I can find so easy, bloodless and painless a cure for varicocele as I have for hydrocele I will be satisfied. *THE WORLD* certainly is not second to any journal coming to my desk for the general practitioner of medicine. Kindly give me your treatment for said trouble, in your next issue.

Falmouth, Ky. M. H. WHEELER, M.D.

[We are astonished that Dr. Wheeler does not know that the first rule in the *WORLD* family is to give away anything you may have that is good. If the Doctor has any thing new or better than that now in use for hydrocele, the profession expects him to tell them of it thru *THE WORLD*.

Varicocele is much more difficult of diagnosis than hydrocele: a dozen other affections simulate it; some of minor importance, others of major import. Picking up the veins under ligatures an inch or so apart, tying each ligature firmly, snipping out the portion thus occluded, and approximating the cut ends by means of the ends of the ligatures, is easy. It is painless under a general anesthetic; it is as near bloodless as any incision in vascular structures can be; it is permanently curative in the vast majority of cases. Besides perfect asepsis, one must guard against including any nerves in the ligature. The epididymis is to be avoided, also. Only the average knowledge of the parts and moderate skill is required for a perfect result.

The medical treatment includes bathing three times a day with very cold water, and the wearing of a perfectly fitting suspensory. The internal administration of such tonics as strychnin and arsenic is indicated. We have had markedly beneficial results from the use of gradually ascending doses of ergotole.

So thoroly is this affection recognized as surgical, but very few of the modern textbooks on medicine mention it at all.

We regret, Doctor, that medicine offers

no specific; but we hope to hear from you early as to your treatment of hydrocele. If any of our readers have anything better than the above to offer the Doctor, we will be glad to give space to the information.—Ed.]

Snake Poison, Etc.

Editor MEDICAL WORLD:—I have just moved to this country, and have taken Government land. I find that when warm weather begins this section of the country will be alive with rattlesnakes, of which there are two species here. I am so afraid of the ordinary non-venomous snake that I generally fall when I see one, and can not arise for a minute or two, so I have been dreading the thought of spring. Remembering that my husband used to take your journal, and that you answered queries, I wish to ask you for remedies for rattlesnake bite. I read that a 1 per cent. solution of potassium permanganate would cure bites of venomous reptiles, but I do not remember if the solution is administered hypodermically or not. Can you tell me of something more simple? Will you tell me what I can take to break up colds and ague, besides quinin? This always produces an itching rash, within an hour or two, with me.

Have you heard of an apparatus, made on the order of a telephone, for deaf people? The receiver pins on the dress and is connected with instrument in the ear. If you know of it and it is really good, will you kindly give me the address of the manufacturers?

While this country is being settled up fast, there is no doctor nearer me than 35 miles.

MRS. D. M. DUNCAN.

Winona, Wash.

[We are always glad to hear from the ladies. The rattlesnake always gives warning before it strikes, we are told. One should wear heavy boots that come high up on the leg. The potassium permanganate is injected in a series of punctures about the wound. It is not, nor have we, a specific for snake bite. Many favor free stimulation with alcohol, but others oppose it strenuously. Tie a tight ligature between the wound and the heart, and incise the wound freely so as to encourage free bleeding. The wound may be sucked by the mouth or by means of a "cupping glass," improvised with any small vessel. Snake venom in one's mouth is harmless, provided there be no

abrasion. Fraser advises the application of nitric acid or the actual cautery; or if the bite be upon finger or toe, quick amputation after ligature is permissible. The ligature is retained in place for half an hour, and momentarily loosened and again applied; this process being repeated several times. Intravenous injections of antitoxin and hypodermic injections of strychnin have been recommended. Dr. Calmette has recently produced an "antivenomous serum," which is declared to be highly efficient.

Dover's Powders will often aid in relieving the symptoms of cold. The coryza tablet of Dr. Richards is promptly efficient, tho it contains a half grain of quinin. Unless you are very susceptible to this drug, this amount will hardly produce untoward symptoms. Blennostasin works well in a majority of cases.

We do not know of any such instrument as the one you mention, and can not see how it could be of much use.—Ed.]

Phytolacca in Obesity.

Editor MEDICAL WORLD:—Can you give me any information regarding the value of *phytolacca fructus* in the treatment of obesity, the preparation used and dose?

B. A. BARNEY, M.D.

Hammondsport, N. Y.

[Culbreth, *Materia Medica and Pharmacology*, published by Lea Bros. & Co., 1900, says:—"Phytolacca fructus contains phytolaccic acid, coloring matter (bleached by sunlight, yellow by alkalies), sugar, gum. The fluid extract of the fruit is given in 15 to 30 drop doses; the tincture, infusion, and expressed juice are also used. It is alterative, laxative, emetic, anodyne, resolvent; paralyzes spine and muscles of respiration in overdose. Two to four drams have produced poisoning similar to that of *veratrum*. It is used in rheumatism, skin diseases, syphilis, internally; and externally for ulcers, scabies, eczema, tinea capitis, syccosis, tonsillitis, diphtheria, pharyngitis, glandular conjunctivitis, scrofula and hemorrhoids."

Butler, *Materia Medica, Therapeutics and Pharmacology*, W. B. Saunders, 1900, gives the dose of the fruit as 5 to 30 grains. He makes no comment on the use of the fruit, but speaking of the preparations of the root, he says: "It has been recommended in obesity, possessing undoubted efficacy in this respect. It is claimed that a proprietary preparation

known as 'anti-fat' is a resinoid preparation of the berries."

Ellingwood, *Materia Medica, Therapeutics and Pharmacognosy*, Chicago Medical Press Co. (eclectic), does not mention its use for obesity, but confirms its other uses, and commends it highly.

King's American Dispensatory (eclectic), Ohio Valley Co., Race St., Cincinnati, 1900, says: "Recently this agent, in the form of an extract of the berries, has been used to reduce obesity. Reports for and against its virtues in this line are now appearing, but its action is still doubtful. Probably it would be more clearly indicated if associated (obesity is meant, Ed.) with a rheumatic diathesis."

Gould's Dictionary of Medicine, P. Blakiston's Son & Co., says: "Dose of a saturated tincture (of berry), a fluid dram three times a day."

The U. S. Dispensatory states that death has occurred after eating a "double handful of the berries;" also, that "a saturated tincture of the berries may be given in the dose of a fluid dram three times a day. Alcohol, diluted alcohol and water extract the virtues of poke root."

Now, Doctor, you have the "authorities." A careful trial can do no harm. Be sure you get a reliable preparation, and advance your dosage cautiously. Have you ever tried thyroid in obesity? It works very well in many cases.—Ed.]

Editor MEDICAL WORLD:—Mrs. R. contracted rheumatism some four years ago, and was treated for it some two years by two or three physicians, the disease progressing all the time until nearly all of the small joints were enlarged, the cervical ones especially, and were very painful, periodically. At this time I commenced treatment of the case; and now, at the end of another two years, I have succeeded in restoring the joints to a normal condition, and there is no more pain at any point. But there is left that terrible sequel, heart affection. Sleep and appetite are just tolerably good; no great emaciation; can be around at light house work all day. She past thru the menopause, and was in good health when attacked by the rheumatism. The most annoying thing now is a hard, pulsating sound in the left ear. The heavy pulsating in the artery below the heart is some better, but it is still quite strong, and gives a hissing sound from the pulsating

point downward. The pulse is regular and generally pretty fair. The heartbeats are short and hard. The greatest complaint now is the thumping in the left ear, which is almost constant. In spite of all I can do, the urin will occasionally cause severe burning at the neck of the bladder, and is scanty at such times. I will wait to hear something for my case before giving any further history of it or past treatment.

Hartford, O. A. J. RATHBUN, M.D.

[Doctor, your treatment should have been given in this communication. You were very fortunate to be able to restore those small joints to normal condition, and we wish you to tell us just how you did it. Our contributors will doubtless help you, concerning the points upon which you desire aid. We will just say that your patient will be greatly benefited if you will have her to drink *two quarts* of pure water (not too hard) every twenty-four hours. Then her urin will not become scanty, and she will be benefited in every way. However, unless you insist, she will not actually ingest the quantity of water ordered. A good way is to have her to fill a half gallon bottle every morning and drink the last of it before retiring at night. However, the "heavy pulsating below the heart," with the "hissing sound," suggests aneurism; in which condition liquids should be given guardedly.—Ed.]

Dizziness.—Excessiv Venery in a Female.

Editor MEDICAL WORLD:—What can be done for "dizzy" people? The symptoms seem to point to some error of digestion or torpor of liver. By long dosing with liver powder and stomachics, and following with iodid of ammonium, two stubborn cases recovered. But a young man, in the prime of life, claims nothing helps him. He seems in perfect health; never had a private disease. Living conditions perfect. No symptom to guide; yet all the doctors to whom he has applied diagnose some unknown error of digestion. Can you suggest anything?

Another. A lady of forty years has "emissions" like a man, at night when asleep. She will dream she is enjoying old triumphs, and off it goes, as much as twice in a night. She has to be careful how she sits on a chair or rides in a buggy, or off she goes. She no longer feels any pleasure in cohabitation. In youth she

was pretty and shapely, and began cohabitating promiscuously and to excess when twelve years of age. She acquired syphilis and was mercurialized in a brutal manner, after which she stopped cohabitating except once or twice a day. A year ago she took la grippe, and also had a severe attack of appendicitis, and after recovering these symptoms developept. She is now plump, and but for these discharges would now be well. Large doses of the bromides in infusion gentian compound help her. Mono-bromate of camphor and lupulin at night does best for the emissions. Can you suggest anything?

Northumberland, Pa. J. A. ELLIOT, M.D.

[Your "dizzy" patient has vertigo, and you should find the cause and cure him. If he has not been thoroly cleansed with old fashioned epsom salts thru an extended course, see that he is. Do not keep it up too long, and do not give in doses large enuf to derange the stomach. Make a solution strong enuf to purge actively in two ounce doses, and have him take a tablespoonful on rising, before each meal and at bed time; reducing the strength of the solution if it purges too freely after three days' use. Give him a teaspoonful of elixir pepsin compound (Burrough) in water half an hour before meals and also one hour after meals. After he has had a thoro intestinal cleansing, stop the salts and continue the pepsin compound. Examin his ears for impacted cerumen. Have a good oculist examin his eyes for errors of refraction. Be satisfied that he is not neurasthenic. Search carefully for chronic heart disease. You may have a case of Meniere's disease, or of beginning locomotor ataxia or disseminated sclerosis; look up your works on practise on all three. If you can eliminate hysteria, neurasthenia, epilepsy, Meniere's disease and heart trouble, you ought to be able to handle the case to his and your perfect satisfaction. An excellent opportunity, Doctor, for you to win a reputation by study and hard work. Write us later.

Your second case is interesting in a variety of phases. First. You have started on a wrong basis. If you reflect, you will know that the orgasm in a female is not accompanied with the discharge of any vital fluid such as is excreted by the male. The fluid which accompanies the orgasm in the female is merely an excess of the fluid which has been excreted dur-

ing the coition preceding the orgasm. It is not in any sense to be compared with the semen of the male.

To start with her case from the beginning: It looks to us as if she had been a victim of nymphomania at the age of twelve. Perhaps her case of syphilis and consequent "brutal mercurialization" which resulted in decreasing her coitions to two daily, was about one of the best things that could have happened to her at that time. Have you suggested to her that two coitions each day is rather more than the average female should undertake? Have her drop it to two each month. Purge her well. Examin her clitoris; you will probably find it hooded or with adhesions and retained smegma. If so, either operate yourself, or have some competent surgeon do the work at once. Have her use a suppository or wafer containing the following ingredients:

Zinc sulfate	3½ grains
Sodium sulfate	3½ grains
Sodium borate	4 grains
Boracic acid	½ grains

Precede by a vaginal douche of warm water; push the tablet up to the os uteri, and allow it to remain until the following morning. At once on arising, use a vaginal douche of warm water. The tablet is inserted just as she retires. This routine is followed every third day.

She must quit her excessiv venery at once. You must be firm and insist on hygiene as well as medication. Then, unless she has some organic disease, she will improve rapidly. Dose less by the month; examin more closely; demand reasonable sexual habits; unhood the clitoris; clear the bowels and get the kidneys acting; and your patient will improve.

Doctor, your letter has been intensely interesting, or we could not have given this amount of space for reply. You ought to relieve these two sufferers, and THE WORLD will be glad to have helpt you.—Ed.]

Editor MEDICAL WORLD:—I inclose three dollars for which please continue your paper to my address four years more, To me, your editorials are the most valuable part of your paper; but some small contributed article in almost any number is really worth a year's subscription.

Galesburg, Ill.

G. S. BOWER.

Editor MEDICAL WORLD:—Inclosed find postal order for three dollars for four years' subscription to THE WORLD (January number received). I have been a regular patron of your valuable journal ever since I received the first copy, which I think is sufficient evidence of my appreciation.

Junction, Ark.

WM. SELLERS, M.D.

Current Medical Thought.

Christian Scientists Are Extra Hazardous Risks.

The following resolution was brought before Longfellow Council, No. 675, Royal Arcanum, East Orange, N. J., and unanimously adopted, and its delegates to the Grand Council of the State of New Jersey requested and instructed to present the same to that body and advocate its adoption :

" WHEREAS, one of the principal objects of membership in Royal Arcanum is insurance, and

" WHEREAS, it has been deemed wise and judicious to restrict membership with the view to avoid jeopardizing the financial standing and resources of this order, be it

" *Resolved*, that all persons who, when ill, reject, refuse or neglect the aid of medical science are very dangerous risks from an insurance standpoint, and that hereafter they shall not be eligible to membership in this order unless agreeing to obtain, or submit to, such aid when ill, under penalty of forfeiture of insurance."

It will be readily seen that the purpose of this resolution is to protect the order against Christian science risks. It is a wise precaution, and we predict that it will be rapidly adopted by other mutual insurance orders.

Painful Micturition.

In The Journal of The American Medical Association, for December 29, 1900, Dr. Jesse Hawes, of Greeley, Col., writes on the use of guaiacol in the treatment of frequent and painful urination. It use is only applicable where the site of the trouble is located in the inner end of the urethra; yet it is here that the great majority of cases have origin. Many cases suffering from irritability of the "deep urethra" are diagnosed as "irritable bladder," or "cystitis," and are treated by drugs per os. In use a urethra speculum as large as can be used is past thru the deep urethra, the mucous or blood is mopped up with absorbent cotton and the guaiacol is applied. Not enuf is used to permit its flowing over the mucous membrane; only a surface application is desirable; thus applied, it is anesthetic and stimulant. It gives but slight

pain; no strangury results, and the patient will often retain the urin for hours after the application. Perineal and suprapubic discomfort is lessened, and a few applications, five days apart, are satisfactory to patient and physician. Seventy per cent. of cases are improved and 20 per cent. are cured. If too frequently applied it causes local tumefaction with diminution of the stream, but this passes away in a few days. He reports success in male and female, from childhood to old age.

Medicin in the Nineteenth Century.

Munsey's Magazine publishes in its January issue "The Story of the Nineteenth Century," divided into different headings. The following is the section given to medicin:

THE BIRTH OF MODERN MEDICIN.

The learned professions, too, groped in a twilight. Medical science could hardly be called in its infancy; it was just beginning to exist. The average practitioner rejoiced in the knowledge of three remedies—blood letting, calomel and laudanum; but the favorit of these was blood letting. The assertion that bleeding used to slay as many as disease killed is an extravagance; but the practise was disastrous. There survived a pseudo science of blood letting, or phlebotomy, a most ridiculous and pernicious thing, the grewsome inheritance from the middle ages, by which different parts of the body were to be tapped for different diseases—the net result being invariably the same.

Men died of ailments that had not even names. Appendicitis and malaria prevailed then as now, but no one knew what caused them or how to combat them. There was no efficient system of quarantine, nor even of hospitals. If an epidemic started anywhere in the world, it traveled until it wore itself out, and in all seaports typhus fever, that now almost forgotten disease, raged without control.

Little or nothing was known of maladies that science since has conquered. Against small pox, for instance, there was practically no defense, and its ravages were frightful; at times its visitations were almost as severe in London as those of the ancient plague. Whoever escaped it alive carried to his grave its dreadful scars. These, now happily almost unknown, were very common disfigurements among both men and women. Fine ladies lived in ceaseless terror of small pox, but in spite of all their precautions it ended many a social career.

Surgery was in a state as primitiv as medicin, or worse; indeed, it had made no perceptible advance in centuries. It shocks us now to think that all surgical operations were performed while the patients—or victims—were fully conscious, but such is the fact. A field hospital after a battle, in those days, must have

been one of the most horrible places known to human experience. Amputation was the limit of surgery. Strong men held the sufferer down to prevent struggling while the operation went on; and after it was over cauterization was employed. One might almost believe that our great grandfathers had a capacity to suffer and recover that their descendants do not possess. For lost limbs there were no substitutes but wooden legs and iron hooks. Artificial limbs and plastic surgery were unknown.

Dentistry had not come into existence. Barbers pulled teeth, as they let blood on occasion, and the only remedy for an aching molar was to have some robustious fellow drag it from your jaw. The principal dental instruments were a pair of pincers, or forceps, and a dreadful contrivance like the key used by piano tuners. With this latter the operator used to loosen the tooth—or break it. Very often he mistook the offending member, and knocked out two or three sound teeth before he got to the one diseased. False teeth were carved of one piece of ivory for the upper and one for the lower jaw, held together at the back by a spring. In order to use them it was necessary to have all one's natural teeth out. George Washington was among the eminent Americans tortured by one of these devices, but as their cost was very great, only the rich could afford them.

The New York Evening Post for January 12th is very voluminous, giving a lengthy review of the 19th century. The section entitled "Progress of Medicine in the Nineteenth Century" was prepared by Dr. John S. Billings, U. S. A. As this article will doubtless interest our readers, we reproduce it here:

The word "medicine," as used in the title of this paper, includes all branches of the art of prevention and treatment of disease and injuries; all discoveries of methods of diminishing physical pain and of prolonging life, and also that part of modern science which is concerned with accurate knowledge of the structure and functions, normal and abnormal, of the human body, and of the causes of disease. In other words, it includes not only therapeutics, medical and surgical, but also physiology, pathology and hygiene.

In all these branches of medicine greater progress has been made during the last century than had been made during the previous two thousand years. This progress has been largely due to improvements in methods of investigation and diagnosis, resulting from increase of knowledge in chemistry and physics; to better microscopes and new instruments of precision; to experimental work in laboratories, and to the application of scientific method and system in the observation and recording of cases of disease and of the results of different modes of treatment. The introduction of statistical methods in the study of cases of disease and of causes of death; the discovery of general anesthetics; the adoption of antiseptic and aseptic methods in surgery, and the development of modern

bacteriology, each marks a point in the history of medicine in the nineteenth century.

The scientific demonstration that some diseases are due to the growth and development of certain specific micro-organisms in the human body dates from about twenty years ago, although the theory of such causal relation is much older. Since 1830 it has been proved that anthrax, Asiatic cholera, cerebro-spinal meningitis, diphtheria, one form of dysentery, erysipelas, glanders, gonorrhea, influenza, certain epidemics of meat poisoning, pyemia and suppuration in general, pneumonia, tetanus, relapsing fever, tuberculosis, bubonic plague, and typhoid fever are due to minute vegetable organisms known as bacteria; that malarial fevers, Texas cattle fever, and certain forms of dysentery are due to forms of microscopic animal organisms known as microzoa; and for most of these diseases the mode of development and means of introduction of the micro-organisms into the body are fairly well understood. To the information thus obtained we owe the triumphs of antiseptic and aseptic surgery, a great increase of precision in diagnosis, the use of specific antitoxins as remedies and as preventatives, and some of the best practical work in public hygiene.

The evidence as to the increased powers of medicine to give relief from suffering and to prolong life is most clear and direct in the records of modern surgery—particularly in some of its special branches. In a large proportion of certain cases in which the surgeon now operates with a fair chance of success, such as calculus in the kidney or gall-bladder, shot wounds of the abdomen, and tumors of various kinds, there was no hope in the year 1800, and the unhappy sufferer could only expect a certain, though often a lingering and painful, death. In cases of cancer of the face, tongue, breast or uterus, the persistent pain, extreme disfigurement, and offensive odors which attended them made death a boon to be prayed for, if not deliberately sought, while now such cases, if brought in time to the surgeon, can often be entirely relieved. The knowledge of this fact has become general with the public, and patients no longer defer an operation as long as possible, as was their custom in days of old. Instead of having to look forward to the torture of incisions, manipulations, and stitching, with but small hope of surviving the exhausting suppuration and blood-poisoning which were such common results, the patient now knows that he will inhale a little sweet vapor, and sleep unconscious of the strokes of the surgeon's knife or the pricks of his needle. He may dream wondrous dreams, but will soon awake to find himself in his bed staring at his trained nurse standing by his side, and wondering vaguely why the operation has not begun. He does not have to look forward to weeks and even months of daily dressings. The surgeon will glance at his temperature record and at the outside of his bandages, but will probably not touch them for a week; and when he does remove them there will be nothing to be seen but a narrow red line without a trace of suppuration. These improved methods not only preserve the mother for her children, and the

bread-winner for the family, but they greatly contribute to the public good by shortening the period of enforced idleness and unproductivity after operations.

Some of the greatest triumphs of modern surgery are obtained in cases of disease or injury of the abdominal organs. The removal of ovarian and uterin tumors is now so common and successful that it is not easy to realize that a hundred years ago there was practically no help or hope for such cases. In former days, the lists of deaths contained many cases reported as inflammation or obstruction of the bowels, or as peritonitis. It is now well understood that most of these cases are due to disease of a little worm-like appendix connected with the large intestine on the right side of the lower part of the abdomen, inflammation of which, known as appendicitis, causes excruciating pain and often produces internal abscesses and death. An operation for the removal of such a diseased appendix is now common, and, in most cases, successful. The operation for the removal of calculus or stone from the urinary bladder dates from over 2,500 years ago, and no one knows who first performed it. Within the last century it has been largely superseded by an operation which crushes the stone to powder within the bladder, and removes this powder without the use of the knife. The removal of calculi from the kidney, or from the gall bladder, and the removal of a diseased kidney are new operations, made possible by improved means of diagnosis, anesthesia and antiseptics. Wounds of the intestines were formerly thought to be almost necessarily fatal, and nothing was done for them except to stupefy the patient with opium. Now in such cases the abdomen is opened, the lacerations of the bowel are closed, the effused blood and other matters are removed, and in many cases life has thus been preserved.

By increase of knowledge of the anatomy of the brain, and of the distribution of nerves connected with it, it has become possible in a certain number of cases to determine what part of the brain is suffering from irritation or pressure, and to operate for the removal of the tumor or other substance causing the trouble, with considerable hope of giving permanent relief. A branch of surgery which has developed into an important specialty during the last century is that known as plastic and orthopedic surgery. The replacing of a lost nose by engrafting other tissue in its place is a very old triumph of surgical art, but operations of this kind have been greatly extended and perfected within the last hundred years, and much can now be done to mitigate the deformity and weakness due to club feet, bandy legs, contracted joints, etc., which formerly were considered to be beyond remedy.

Many of the diseases peculiar to women have been deprived of much of their terrors within a hundred years. In 1800 for every thousand children born, from ten to twenty mothers died. Puerperal fever occurred in epidemics, following certain physicians or nurses, but nothing was known as to its causes or nature. Today puerperal fever is almost unknown in the

hospitals, or in the practice of a skilled physician. The death rate of mothers is less than five per thousand births, and the mechanical obstructions which a century ago would have almost certainly brought about the death of both mother and child, are now so dealt with that more than half of both mothers and children are saved.

The study of the diseases of the eye has greatly developed another specialty during the century, viz., ophthalmology. The investigations of Helmholtz in physiological optics, with his invention of the ophthalmoscope in 1852, effected a revolution in this branch of medical science and art, and have added greatly to human comfort and happiness. A hundred years ago, when the physician saw the eyelids of the new-born babe reddened and swelled and yellow matter ooze from between them, he knew that in a few days or weeks the child would be partially or wholly blind, but he knew nothing of the simple means by which the skilled physician can now prevent such a calamity. It is unfortunately true that this knowledge is not even now sufficiently widely diffused, and that our blind asylums must, for some time to come, continue to receive those who have been deprived of sight during the first months of their life through the ignorance or neglect of those who should have properly cared for them.

While it is certain that the death-rates in the last century were greater than those of the present day, it is not possible to make precise comparisons. The record of deaths in the city of New York begins with 1804, and was necessarily very imperfect until the law of 1851, which required the registration of all deaths; but it shows a death-rate of 30.2 per 1,000 in 1805, which means that the true death-rate must have been between 35 and 40. At present, for a series of five years, it would be about 20, having been below 19 in 1899, so that the death-rate has been diminished by at least one-third. How much of this is due to improved methods of treatment, and how much to improved sanitary conditions, it is impossible to say. A comparison of the list of causes of death in 1805 with the list of causes for this year shows great differences, but much of this is due to changes in name and more accurate diagnosis.

"Malignant sore throat" and "croup" were well known to anxious parents in 1800, but "diphtheria" caused no anxiety. "Inflammation of the bowels" was common and fatal, but "appendicitis" had not been heard of. Nervous fever, continued fever and low fever were on the lists, but not typhoid, which was not clearly distinguished as a special form of disease until 1837, when Dr. Gerhard, an American physician, pointed out the difference between it and typhus, which also prevailed at the commencement of the century.

One hundred years ago the great topic of discussion in our cities on the North Atlantic Coast was the means of preventing yellow fever, which had been epidemic in New York and Philadelphia for two years. Physicians were disputing as to whether the disease was contagious and imported, and therefore per-

haps preventible by quarantine and disinfection, or was due to some occult condition of the atmosphere (which was the view taken by Noah Webster in his history of epidemic and pestilential diseases, a work which appeared about the middle of the year 1800, although it is dated 1798). The discussions remind one of the remark that a certain patented form of electric light was surrounded by a cloud of non-luminous verbosity. For example, the Committee of the Medical Society of the State of New York reported that yellow fever may be produced in any country by pestilential effluvia; and Webster concluded that typhus and nervous fevers were due to a "conversion of the perspirable fluids of the body into septic matter"—all of which means that they knew nothing about it. Even now we do not know the cause of yellow fever, or the precise mode of its spread; but we are sufficiently certain that it is due to a specific micro-organism to be confident that its spread can be checked by isolation and disinfection properly applied—and Memphis and New Orleans are witnesses of the truth of this.

In the year 1800 the majority of persons over twenty years old were more or less pitted by small pox, being the survivors of a much greater number who had suffered from this disease. Dr. Miller in New York had just received from England a thread which had been steeped in the newly discovered vaccine matter, and was about to begin vaccination in this city. To-day there are many physicians who have never seen a case of small pox, and a face pitted with the marks of this disease is rarely seen. During the century there have appeared in civilized countries two strange and unfamiliar forms of epidemic diseases, namely, Asiatic cholera and the plague, the first coming from the valley of the Ganges, the second from the valley of the Euphrates, and each having a long history. A really new disease was the outbreak in Paris in 1892 of a specific contagious disease transmitted from sick parrots, and known as psittacosis. This little epidemic affected forty-nine persons, and caused sixteen deaths. Typhus fever has almost disappeared, while some diseases have increased in relative frequency, in part at least because of medical progress. The children who would have died of small pox in the eighteenth century now live to be affected with diphtheria or scarlet fever, and the increase in the number of deaths reported as due to cancer is partly due to the fact that a greater proportion of people live to the age most subject to this disease.

A large part of modern progress in medicine is due to improved methods of diagnosis, and to the use of instruments of precision for recording the results of examinations. The use of the clinical thermometer has effected a revolution in medical practice. Our knowledge of diseases of the heart and lungs has been greatly expanded during the century by auscultation and percussion, and especially by the use of the stethoscope. The test tube and the microscope warn us of kidney troubles, which formerly would not have been suspected, and the mysterious Roentgen rays are called in to aid the surgeon in locating foreign bodies and in determin-

ing the precise nature of certain injuries of the bones. Bacteriological examination has become a necessary part of the examination in cases of suspected diphtheria, tuberculosis, or typhoid, and a minute drop of blood under the microscope may furnish data which will enable the skilled physician to predict the result in certain cases of anemia, or to make a positive diagnosis as between malaria and other obscure forms of periodic fever.

The means at the command of the physician for the relief of pain now include, not only the general anesthetics—chloroform, ether, and nitrous oxide—but also the hypodermic use of, the concentrated alkaloids of opium, belladonna, and other narcotics, and the local use of cocaine; and restful sleep for the weary brain may be obtained by sulphonal, chloral, etc. Some agonizing forms of neuralgic pain are now promptly relieved by the section or excision of a portion of the affected nerve; or it may be forcibly stretched into a condition of innocuous desuetude. Relief to the sufferings of thousands of neurotic women, and of their families and friends, has been produced by the systematic scientific application of the rest cure of Dr. Weir Mitchell.

A hundred years ago the medical advertisement which was most prominent in New York and Philadelphia newspapers was one of a remedy for worms. Many symptoms of nervous and digestive troubles in children were in those days wrongly attributed to worms. Nevertheless, there is good reason to believe that parasitic diseases derived from animals were much more prevalent in those days in this country than they are to-day. Our knowledge of the mode of origin and development of the tape-worm, the *trichina spiralis*, the liver fluke, and the itch insect has been gained during the nineteenth century. Much the same may be said with regard to the peculiar worm known as *anchylostomum*, the cause of Egyptian chlorosis and of the St. Gothard tunnel disease, altho prescriptions for this parasite are found in the Papyrus Ebers, written before the time of Pharaoh.

The limits of this article permit of but a brief reference to the progress in preventive medicine during the century. The studies made in England of the results of the cholera epidemic of 1849, and the experience gained in the English army during the Crimean war, led to some of the most important advances in sanitary science, more especially to the demonstration of the importance of pure water supplies, and of proper drainage and sewerage. During our Revolutionary war, and the Napoleonic wars, the losses to the armies from disease greatly exceeded those from wounds; and hospital fever—in other words, typhus—was dreaded by a general almost more than the opposing forces. During the wars of the last twenty-five years, typhus and hospital gangrene have been unknown, but some extensive outbreaks of typhoid fever have occurred, showing that our knowledge of the causes and mode of transmission of this disease has not been practically applied to the extent which it should have been; this remark applies also to some of the most fatal,

diseases in civil life. In the United States diphtheria and typhoid fever each causes from twenty to thirty thousand deaths a year, while more than one hundred thousand deaths are annually due to consumption. Yet for each of these diseases we know the specific germ, the channels thru which it is usually conveyed, and the means by which this conveyance can be to a great extent prevented. The ravages of these diseases are, therefore, largely due to the fact that the great mass of the people are still ignorant on these subjects. Antitoxin is not yet used for either prevention or treatment in diphtheria to anything like the extent which our knowledge of its powers demands.

Our better knowledge of the causes of certain infectious and contagious diseases, and of the mode of their spread, has been of great importance to the world from a purely commercial point of view, since it has led to the doing away with many unnecessary obstructions to traffic and travel, which were connected with the old systems of quarantine, while the security which has been gained from the modern method of cleansing and disinfection is decidedly greater than that secured by the old methods. A striking illustration of the effect of these improvements is seen in the manner in which the news of the recent outbreak of plague in Glasgow was received in England and throughout Europe. One hundred years ago the city would have been almost deserted, and terror would have reigned in all England. To-day it is well understood that the disease spreads by a bacillus which is not conveyed thru the air. No one fears a repetition of the ghastly scenes of the Black Death in the fourteenth century. In like manner, and for the same reasons, Asiatic cholera has lost most of its terrors.

The benefits to the public of modern progress in medicine have been greatly enlarged by the establishment of many small hospitals, and by the steady increase in the employment of specially trained nurses in private practice, even in rural districts. The result of a case of typhoid, or of pneumonia, often depends as much upon the nurse as upon the doctor; and affection cannot take the place of skill in either. For the great mass of the people cases of severe illness or injury, or those requiring major surgical operations, can be treated more successfully in well-appointed hospitals than in private houses, and as this is becoming generally understood, the old feeling against entering a hospital for treatment is rapidly disappearing. Improvement in hospital construction and management has kept pace with progress in medical knowledge; and in future such institutions seem destined to play an increasingly important part in municipal and village life.

All progress in civilization is attended with injury to some individuals. Trained nurses have deprived some unskilled labor of employment, hospitals have injured the business of some physicians, pure water supplies, good sewers, food inspection, vaccination—in short, all effective measures in public hygiene—interfere with the trade side of medical practice; but upon the whole the public at large benefits by

all these things. In one sense they seem opposed to the general law of evolution in that they prolong the life of the unfit; but in a broader sense they work in accordance with this law by increasing the power of the strong to protect and care for the weak.

All told, the most important feature in the progress of medicine during the century has been the discovery of new methods of scientific investigation, more especially in the fields of bacteriology and pathology. These methods have been as yet only partially applied, and great results are to be hoped from their extension in the near future. They will not lead to the discovery of an elixir of life, and the increasing feebleness of old age will continue to be the certain result of living a long time, for the tissues and organs of each man have a definitely limited term of duration peculiar to himself; but many of the disorders which make life a burden in advancing years can now be palliated or so dealt with as to secure comparative comfort to the patient, so that "if by reason of strength" life can be prolonged beyond threescore years and ten, it no longer necessarily involves labor and sorrow.

Book Reviews.

[Book Reviews are unavoidably crowded out this month. A number of valuable reviews are in type for next month.]

Our Monthly Talk.

From every point of view I have regarded the Philippine policy of the Administration with disfavor. Perhaps that has been apparent to my readers. However, I have gotten my reasons for opposing that policy almost entirely from Republican sources—in fact, I rarely read any other than Republican newspapers; so you see, when I fail to endorse the dominant party, it is not from lack of reading that side. My opposition to the President's Philippine policy is mainly on ethical grounds. I do not believe in doing wrong, even tho it should pay. It is unfortunate that so many will disregard ethical considerations in favor of profits, "a full dinner pail," power, etc. The following is an editorial which appears in the Philadelphia North American (a Republican newspaper) for December 29. When the "jingo" find out that the policy does not *pay*, they will suddenly discover that it is wrong:

A BAD BUSINESS VENTURE.

If expansionists of the commercial school take as one-aided a view of commercial transactions as Chief Austin, of the Bureau of Statistics of the Treasury Department, they will be able to share in his enthusiasm about the development of the trade of the United States with the Philippines. Applied to everyday affairs, Mr. Austin's method of computing profits would soon make a million aire of the ordinary man of business. His trick of growing rich is to sell goods, no matter how much it costs to sell them. The more we sell the better off we are: the expenses will take care of themselves. Keep your eye on the "total sales"—that is his secret of making money.

The immediate cause of Mr. Austin's outburst of congratulation to the nation is that the exports of the United States to the Philippines in 1897 amounted

to only \$69,000, while this year he estimates they will aggregate in value \$3,500,000, not including supplies sent by the government. Stated in percentages, his figures have even a more satisfying sound. In 1899, he says, our exports to the islands amounted to only 6 per cent. of \$20,253,000, the total imports, while the figures for 1900 indicate that our exports will amount to 15 per cent. of \$25,000,000 worth of goods imported. Of course, as he explains, the large American population which has gone to the Philippines in connection with the army and the administration of the islands naturally creates a demand for American goods. By this rule the prosperity of the United States will grow in proportion as it is compelled to send more and more soldiers abroad to exterminate the Filipino insurgents. So long as our army stays at home we do not know how much money we are making, because Mr. Austin's Bureau of Statistics has no means of ascertaining how many dollars' worth of food and drink and clothing our fighting men consume outside the government issues. We must export, then, if we have to fight foreign wars to do it.

The attempt to pacify the Philippines by force has already cost the United States more than \$30,000,000, besides thousands of lives. The item of \$20,000,000 paid Spain for its title to the archipelago was a mere bagatelle as compared with the expenditures of the Army and Navy Departments. General MacArthur, in his annual report, says that a large permanent force will be required to garrison the islands for many years to come, and orders to send home a few regiments of his army of 65,000 men have been met with emphatic protests on his part. The chief purpose of the army reorganization bill is to keep the force under his command up to the present size.

Since the close of the civil war it has been the estimate of the War Department that the average cost of a soldier, including his food, uniform, equipment and ammunition, in the time of peace is \$1,000 for each soldier. It is much more for the soldiers in the Philippines, because of the greater expenditures for transportation and supplies. With the added expenditures for the navy, it is costing the United States \$100,000,000 a year to hold the Philippines against the will of their population, and no one dares deny that this outpouring of the taxpayers' money may go on for an indefinite period.

Ten per cent. is a fair profit for the exporter to make upon his goods, but 10 per cent. on Mr. Austin's estimate of \$3,500,000 of American exports to the Philippines would not pay the cost of keeping a regiment of soldiers in Manila from now till next June. Even if the United States exports to the Philippines were equal to the \$25,000,000 worth of goods they import annually, the profits of the business would be only a drop in the bucket. No doubt a few exporters are doing well, but how long will the government, which is the whole people, think it good business to expend \$100,000,000 a year for the purpose of putting \$350,000 into the pockets of a few exporters and manufacturers? Three hundred dollars spent for one of profit, means certain bankruptcy as a business proposition.

A Humorist's Serious View.

The grief of humorists is that people will not take them seriously when they wish to be in earnest. Many an earnest man has studiously avoided humor, for fear that such indulgence might embarrass the serious purpose of his life. A few men, however, have been able to be serious or humorous at will without being misunderstood. Henry Ward Beecher was a good example of this very small class. Among humorists, one man stands alone in the ability to make himself understood seriously when he wishes to be. That man is Mark Twain. His earnest expressions are as inimitable as his humor. Among the New Century Greetings to the Red Cross Society, in response to its invitations, the following was received from Mark Twain:

I bring you the stately matron named Christendom, returning bedraggled, besmirched and disheveled from pirate raids in Kiao-Chow, Manchuria, South Africa and the Philippines, with her soul full of meanness, her pocket full of booty and her mouth full of pious hypocries. Give her soap and a towel, but hide the looking glass.

A Further Talk with Dr. Cooper about Railroads.

In reply to December "Talk" (which please see), Dr. Cooper writes:

"I am pleased with your rejoinder, and it strikes me as being mainly conclusiv. Still, I can't fully comprehend how the government could possess itself of such vast properties. How did such governments as own public utilities get hold of them? Did they buy them of corporations, or did they construct them? I can understand that they might return dividends that would pay the interest, but how could the principal be paid off? Is a high degree of paternalism in a government compatible with that individualism which makes all of us (of the U. S.) sovereigns?"

I sent this letter to my friend, Prof. Frank Parsons, of Boston, and as I knew that he has made a special study of the railroad systems of different countries during the last year or two, I asked him to write a brief account of how the railroads of Prussia, for example, became government property. He sent me the following:

PRUSSIAN RAILWAYS.

The first railways in Prussia were private, the first concessions being granted in 1837. In the fifties the government began to build, and by 1859 it was operating 2,500 kilometers (a kilometer is $\frac{1}{2}$ of a mile), of which it owned 1,500 kilometers. The two systems developed side by side until 1879, when the government decided to take over the private railways. In 1866 the private companies owned and operated 3,600 kilometers, and the state operated 3,300 kilometers, of which it owned 1,800 kilometers. At the beginning of 1889 the private companies operated 5,000 kilometers, and the state operated 4,900, of which it owned 3,250 kilometers. In 1873 the private companies had 7,000 kilometers, and the state operated 5,750 kilometers. Then began a thorough investigation of the two systems, and an earnest discussion in parliament and out of it of the question of transfer of private railways to the state. Our Minister to Germany, Andrew D. White, wrote from Berlin, April 12, 1880, to Wm. Everett, Secretary of State:

"The subject of state railway management has attracted probably more attention in Germany within the last few years than any other, having reference to purely internal administration."

In 1879 the Minister of Public Works introduced two bills into the German Parliament: one for the extension of the state system by about 300 miles of road, at an estimated cost of \$41,000 a mile, and second, for the purchase of four important private systems, 3,382 kilometers, or about one-third of the then private systems. The bill passed by 226 yeas to 155 nays. Aside from these bills parliament authorized the government to buy three other private railways. The railway law of Prussia provided that the government could buy a road system after thirty years after the date of its franchise, by paying twenty-five times the average yearly dividends during the last preceding five years. Before the government entered into negotiations with the

companies under the bills just mentioned, it gave the railway companies to understand that if they did not give the government fair terms of sale, the principle of competition which they claimed to admire so much would be applied to them. The result was that reasonably fair terms were secured, better terms than the twenty-five times average dividends provided by the law. The actual prices paid were, in the case of the Hamburg line, 1,800,000 marks for 18-1/10 kilometers, or about \$40,000 per mile of line. For the Berlin, Pottsdam and Magdeburg, and the Rhenish systems, amounting to 1,610 kilometers, 717,342,900 marks were paid, or about \$180,000 per mile of line, including all double track, side tracks, real estate, buildings and equipment of every sort. The government floated 4 per cent. consols or bonds, and with the money realized on such bonds purchased the roads. Year by year, out of the net earnings of the roads, it has been paying off the capitalization or bonded debt incurred for the purchase of private roads and for the construction of the state roads. The intention is to extinguish the railway capital by about the middle of the century, so that transportation will be liberated from all capital charges. Belgium and Austria-Hungary follow the same policy, and this extinguishment of transportation capital on the state systems is one of the greatest arguments put forth by the Federal Council of Switzerland to prove the necessity of taking the railroads over to state control. The private railway systems, on the contrary, keep piling up capitalization year after year, so that the burden of capital charges upon transportation continually increases instead of diminishing.

Prof. Ely thinks that the Prussian Government succeeded in making very fair terms with the railway companies, and did not pay more than was reasonable under all the circumstances of each case; that it was enabled to get these reasonable terms because it already possessed important lines of its own by construction. To accomplish the same thing in this country it would be necessary for the government either to build one or two good lines, or to buy a few important lines, and even if an excessive price had to be paid for these first lines, the debt could easily be paid from the earnings of the roads, as was done in Germany, and subsequent purchases could be made upon a fair and reasonable basis. By exercising the power of the government to reduce rates to a reasonable figure, the very first purchases might be made at real values. The early Prussian railway law provided for a tax on railway properties, part of which was to be used in buying railway shares; the interest and dividends yielded by these shares to be employed also in the purchase of further shares, and so year by year the government control would be gradually extended over the private roads. These laws of 1838 and 1853 would have brought state ownership about in a comparatively short time, if it had not been that the provision for purchasing shares was made null by a law of 1859; we may, however, learn the lesson that thru the exercise of the taxing power we may levy upon the rail-

ways a tax which, in the course of a few years, would enable the government to buy the railroads without the issue of bonds or any burden upon the general public. It would simply take a part of the profits that now go to the railway managers and owners, as payment for the franchises enjoyed by the road, and devote this special franchise tax to the establishment of a fund for the purchase of the roads.

USEFUL SKEPTICISM.

Dr. Cooper, your skepticism and frank questioning has been the means of placing the above clear statement of facts before over 27,000 physicians. It seems that the railroads in Prussia are conducted for the service of the people, while in this country they are conducted for the profit of corporations. Which do you think is the most desirable? Which do you think the most patriotic?

Do you see the difference between bond issues to buy property that will be a service and a source of profit to the people ever after, and bonds such as our National debt consists of, the proceeds of which have "gone up in smoke" long ago, and now we have nothing but the debt and the interest to pay on it? Can we not do as much for our country as the Prussians have done for Prussia? Are we more stupid, or less patriotic than they? We have their example, and we see just how they did it. We are too deeply interested in the individual welfare of *each for himself* to give proper attention to the general welfare. You speak of the "individualism which makes all of us (of the U. S.) sovereigns." Would we be less "sovereign" if we should co-operate more skillfully for the general good? Do you feel less a "sovereign" when the U. S. Postal System serves you faithfully and promptly at low rates, and more a "sovereign" when an express company serves you tardily and bunglingly at high rates? You are under the despotic domination of private express companies, railroads, telegraph companies, etc., while you, as a citizen, have a voice in controlling and conducting our Postal System. In which are you more a "sovereign"? A few individuals control our vast transportation systems; this is "individualism" confined to a few. Our popular form of government is based on the principle of "individualism" diffused among the many—every citizen a voter—one vote to each man, whether rich or poor. Which kind of "individualism" do you prefer? Our present railroad system is "paternalistic," and the railroad kings are the "paters." If we had a railroad system like Prussia it would be *fraternalistic*. We have absolutely no voice in the choosing of our railroad kings. We have a voice in the choosing of our office holders, and when we become as fraternalistic as Switzerland we will have a direct voice in the determining of our governmental policies. Twice was the question of governmental ownership and operation of the railroads submitted to the people of Switzerland. The first time it was defeated, because the terms were not satisfactory; the second time (about two years ago) it was carried by a large majority. When we get Direct Legis-

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., change ed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue);

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

Acute Articular Rheumatism.

Few diseases not immediately destructive to life are of such momentous import. Not many diseases in the curable class have the power to produce lesions in a few days which the longest life cannot hope to see cured. All forms of rheumatism have been studied well, and the acute form most of all. Many times some of the numerous "theories" seemed tenable, only to wither in the brighter rays of the ascending sun of science. The humoral and lactic acid theory sounded well, but had absolutely nothing to support it. The fact that excessiv amounts of lactic acid in the system are often found in cases of acute articular rheumatism, merely proves that the state of functional activity of the various organs during such disease permits the excessiv secretion of the said agent, and nothing more is demonstrated. For the nervous theory, no more reason why it should live may be found; at least until some enterprising neurologist can demonstrate the existence of a special "joint center" in the brain. Hardly any other of the existing "theories" have any greater excuse for their existence.

Every pain the layman sees no visible cause for, is dubbed "rheumatism;" and

it is a lamentable fact that many practitioners have bowed themselves before this popular superstition. There has been no lack of honest search regarding this disease; but the actual truth remains that we do not know its etiology, nor its therapeutics; its pathology is distressingly in evidence. We merely know enuf to appreciate the fact that unless energetic therapeutics aid us in the elimination of something not understood, a few days will see our patient with a heart or pericardium damaged beyond all repair. The following reckless nomenclature is painfully evident in our text books and in our journalistic literature; "gonorrheal," "scarlatinal," and "pyemic" rheumatism; they tell of nothing but septicemic infection of articular surfaces. We can imagine times when it is advisable to withhold our superior knowledge or our profound ignorance from the laity; but we can never imagine any emergency which need load such nonsensical phraseology upon professional literature.

The latest developments lead us to new hopes. While nothing has yet been proven which would indicate any specific germ as the cause of acute rheumatism, enuf is offered to place it in the class of infectious diseases caused by bacillary infection. "The febrile course, with the general manifestations, the frequent complicating inflammations of serous membranes and the endocardium, and the secondary nephritis, point forcibly to the infectious nature of polyarthrititis." (Clinical Bacteriology; Levy & Klemperer, W. B. Saunders, 1900.) Six pages of condensed records of bacteriological labor are found in *Progressiv Medicin*, March, 1900, Lea, Bro. & Co. It is, of course, understood that acute rheumatism is in no sense contagious; tho it is infectious under certain conditions of the system, when subjected to certain unknown meteorological impulses. One attack gives no immunity, but rather predisposes to other and more severe ones.

An exact etiology would give a working key; the whole confusion has been between the clinical grouping of numerous cases. If once they may be separated scientifically, a distinct advantage is gained. Pathology has kept far in advance of therapeutics in this complaint. The imaginary etiology of "cold," "exposure," "kidney insufficiency," etc., will no longer stand. If nothing better than this is offered, we must admit that we know no more of etiology than we do of therapeutics. While our present therapeutics seems sufficient in the majority of cases, we must admit that it brings effects entirely foreign to the wish for results at all manner of inopportune times. In this disease, more than any other, we wish the effects of exact medication. Our present practise is much too empirical. The theory which instigated the use of alkalies has been relegated to the archives of medicine, yet the alkalies have saved many lives and are yet doing great service. The theory upon which the use of salicylates was first based is likewise losing prestige, while the salicylates are held in such estimation by the mass of the profession as to almost deserve the title some would bestow—"specific." Nothing can be purer empiricism. The bare statement that "25 per cent. of cases are refractory to the influence of the known 'specifics'" (Levy & Klemperer) is enuf to prove our point.

The germ theory is objected to by some on the ground that it is a very rare case to find two germ infections producing two different diseases simultaneously, yet the clinical picture of acute articular rheumatism is produced with great fidelity during the active stages of scarlet fever and gonorrhea. This claim is met by the bacteriologists, who assert that double infection is possible, and that the symptom called rheumatism in the course of such diseases is not true rheumatism at all, but a sequence of the toxemia from the original disease. Those subject to gonorrheal rheu-

matism are not apt to be victims of true rheumatism.

In the meantime, the cases present themselves steadily and we must do our best in attempting to cope successfully with them. The treatment found nearest satisfactory by Anders (*Practise of Medicine*, W. B. Saunders, 1900), is as follows:

"Sodium or ammonium salicylate up to $1\frac{1}{2}$ drams in 24 hours; this mitigates the fever, relieves the pain, and shortens the time in bed by a few days, but does not curtail convalescence. The alkaline treatment operates potently to obviate the occurrence of heart complications and shortens the period of convalescence, but exerts slight, if any, influence upon the fever and pain. I therefore combine the salicylates with an alkaline remedy such as potassium citrate or soda bicarbonate. Potassium iodid and the preparations of colchicum are efficacious, and should be tried. The joints are wrapt in cotton batting or flannel. If the pain is severe despite the use of the salicylates internally, hot cloths lightly wrung out of Fuller's lotion are beneficial.

R		
Sodium carbonate	dr. 6	
Laudanum	fl. oz. 1	
Glycerin	fl. oz. 2	
Water	fl. oz. 9	

"Methylsalicylate, by local application, is of service. It is put on the skin over the affected joints drop by drop, and the joint is then enveloped in a wrapping of gutta percha tissue and bandaged with flannel. Cold compresses and the ice bag to the joint have been strongly advised, particularly by German authors. Blisters near the joints, or the light application of the cautery are sometimes serviceable. Currents of hot air have been successfully used. The affected joints should be kept at perfect rest, and this is best accomplished by padded splints and a roller bandage. During convalescence the patient should not be allowed to get out of bed too early. My rule has been to keep him in bed for a week after the temperature has returned to normal and after the pain has disappeared, except it be during the hot season. After the patient goes into the open air he should be told to avoid cold, and wet in particular. For the stiffness and swelling that sometimes persist or disappear very slowly after the

acute attack, massage and the application of hot water or warm baths seem to yield the best results."

Chronic Rheumatism.

Chronic rheumatism, like debt and poverty, is always with us, and too often the three go together. The weary ponderings and the therapeutic assaults of centuries of medicine have availed but little against it. We hoped for much when the alkaline treatment was promulgated as a sure and certain cure; and when the salicylates were first landed as a specific, we smiled and looked upward; to-day we sadly remember those disappointments, and still hope.

We have little confidence in any agent or method ever being discovered which will eradicate the damage done to muscles, ligaments, and articular surfaces, thru a protracted series of attacks and over months or years of time. We would better meet the disease in its acute form, and try to avoid the deformity and permanent injury to tissue which the chronic form entails. Yet we can do much for the chronic sufferer, if we but employ the meagre knowledge we now possess.

It is well to begin with a given case by appreciating that chronic rheumatism is never an entity. Whatever the actual cause of chronic rheumatism may be, it is certain that it has never been conclusively demonstrated or proven, and that, since we well know that modern medicine is not an exact science, we must meet and treat individual cases according to the indications. We must consider that our patient is racked and deformed; patient has many organs which are not functionally competent. Until we know more, we must hold the stomach, liver and kidneys accountable. It is always safe to get these organs working satisfactorily, and to see that all the emunctories are doing their full duty. It is not well to promise annihilation of old deformities, but competent treatment will surely prevent the development of

others. We must appreciate that the uric acid circulating in the blood and excreted by the kidneys, the tense and painful tendons, the enlarged and immovable joints, the arthritic deposits, and the anemia are the result of causes which have been acting during a long time, possibly a term of years. We have heard of diseases which were "chronic from their origin"; we are certain rheumatism never is. To be sure, the fulmination may come abruptly, and a patient suffer hopeless deformity in a single night from "simply catching cold"; but the diathesis was there and the systemic condition had been below par for years, else such effects could never have been brought about. Germs? Certainly; we admit their power and influence in acute inflammatory rheumatism; but we have never yet met a germ with sufficient toxicity or muscular power to warp strong joints.

Whatever chronic rheumatism may be, it is certain that it is nothing wierd or wonderful. Whenever a case occurs, history of repeated attacks of acute rheumatism, or of functional defectiveness of several organs thru an extended period of time may be obtained. It is not the result of one cause, but the combined effect of many causes. Germs may kindle the fire, but depraved metabolism and consequent auto-intoxication finish the work. When the arthritic deposits and the deformed joints come in evidence, the time for successful interference is long past. It will be better for the doctor and better for the patient when acute rheumatism is studied more and chronic rheumatism less. We append the treatment given in the latest editions of two authorities:

Treatment:—"Medicinal remedies are not very satisfactory. Occasionally a patient is benefitted by potassium iodide, 10 grains three times a day, to which wine of colchicum, 10 minims, may be added, as for gout. The salicylates are of little use, and I have failed to obtain any striking effect from piperazin given internally, altho its external application is

sometimes helpful. Of more value are the simple alkalies, or a course of alkaline waters, Vichy, etc., and debilitated or anemic patients improve with such tonics as arsenious acid, $\frac{1}{2}$ gr. three times a day, or cod-liver oil. Constipation should be treated by dram doses of sodium phosphate or Carlsbad salts, given once or twice a day.

"Local treatment is much more beneficial, but it should be undertaken systematically and persevered in, often for months at a time. The two measures which give most relief are (a) douching, and (b) sweating the joints. Douching is best performed by alternate application of hot (105° to 110° F.) and cold (70° F. or lower) water in quick succession by a stream directed with considerable force upon the joint. The application, made once or twice a day, should be followed by massage and by wrapping the joint in flannel. Sweating is accomplished by hot air applied to the joint by an apparatus which permits the temperature to be raised to 250° F. or higher. The treatment is continued half an hour; the effect of the dry heat is to cause a profuse perspiration, with stimulation of the circulation, which favors absorption. Relief from soreness and stiffness is experienced, especially if the application be followed by Swedish movements. Some cases are improved by an occasional blister or application of the thermo-cantery, but in elderly or debilitated patients such energetic measures may be too irritating, and it is better to encase the joints in cotton wool and oil silk. Among the more useful applications are a 2 per cent. solution of piperazin, ichthyol ointment, equal parts guaiacol and glycerin, and methyl salicylate ointment.

"Hygienic measures comprise avoidance of cold, and wet, and fatigue. The diet may vary within the limit of plainly cooked meats, fresh vegetables, fruits and cereals. Pastry, sweets, sweet wines, and fermented liquors should be forbidden. If any stimulant is required, a well diluted Scotch whisky is least harmful. Climatic treatment is recommended for those whose circumstances permit."—(Practical Medicine; Thompson, 1900. Lea Bros. & Co.)

"Occasionally acute exacerbations are relieved by the salicylates. Of drugs sometimes serviceable, the iodide of potassium and bichlorid of mercury may be named. Cod-liver oil, iron, and tonics are

often useful by building up the strength of the patient. Guaiacum is a drug which still maintains some reputation in the treatment of chronic rheumatism; it is usually given in the form of tincture or ammoniated tincture, five to thirty minims, four times a day, preferably in milk.

"Local treatment is more important than internal medicin. Counterirritation by iodine or blisters persistently kept up is sometimes useful. Encasing the joints in red flannel bandages occasionally gives relief and is a useful adjuvant. Massage is undoubtedly an efficient measure, tho its effects are not always apparent. It is especially useful when there is atrophy of muscles, in which event it may be combined with electricity and passive motion. Hot baths, which should always be taken at night, give temporary relief, but in my experience it is not permanent. Even the systemic baths at the various hot springs, which are undoubtedly serviceable, are apt to be followed by relapses. More satisfactory is permanent residence in a warm climate for those who can afford it."—(Tyson; *Practise of Medicin*, 1900. P. Blakiston, Son & Co.)

Renal Insufficiency.

Many persons who are seemingly healthy have defective renal action. There may be no actual disease, but the kidneys are not doing their work. Such a condition persists for years, overlooked by both doctor and patient. The end sometimes comes suddenly, and we stupidly wonder why so many people die of Bright's disease. Were all doctors better diagnosticians such a state of affairs could not long maintain. Given two men equally brained, and trained by the same masters, the hardest and most conscientious worker will be the better diagnostician. Better and more carefully made diagnoses would detect cases of kidney insufficiency in their very incipency, while there was yet hope.

Always inquire after the condition of the urine. If it be high colored, irritating, excessive in amount, deficient in quantity, or foul smelling, it is certain that the functional activity of the kidneys needs to be investigated. Often such conditions

may be present, and yet the patient may be so indifferent as to have failed to notice them or be so ignorant as to think the matter of no importance. No physician who takes charge of a case can acquit himself of neglect if he fail to know just how the kidneys are acting. It is well to remember that high colored or scanty urine is not necessarily a sign of kidney insufficiency; the patient may have indulged freely in alcoholic drinks or have habitually ingested too little water. Even albumin in the urine is, in itself, no absolute sign of actual kidney disease. Many causes will act to bring about temporary albuminuria. Those diseases of the stomach which are accompanied by supersecretion and phosphaturia will cause albumin to appear in the urine. The point to be settled is whether the albuminuria is functional or organic. Gastric ferments, and albumoses, circulating in the blood are carried thru the kidneys and injure them to a greater or less extent. The greater harm is said to come about by the injury they inflict upon the blood and cardio-vascular system, the liver, and the general state of nutrition of the body; and thus in addition to the irritation from the unassimilable albumin, damage is done the glomeruli and tubules of the kidney. Such damage may be congestive, inflammatory or actually degenerative. May we not believe that such an irritation, beginning as a congestion, passes to an inflammation and in turn becomes degenerative? If this be plausible, then it is certain that stomach disease will cause actual "Bright's disease," under certain conditions. Chronic nephritis is not amenable to treatment, but supersecretion and phosphaturia are, and the chances seem that if such a case had been properly treated for the stomachic trouble, the nephritis might never have existed. It is equally certain that when the phosphaturia began, if the urine had been examined, evidence of kidney insufficiency would have been found.

We might carry the illustration further,

and refer to liver and other organs, but we hope to have said enuf to induce our readers to resolve to be more conscientious in examination and diagnosis.

This would be a fruitful subject for discussion, and we hope our readers will take it up.

Urinary Examination a Duty.

Too many physicians are culpably careless with regard to urinary examinations. Some are not trained sufficiently to do the work properly, and thus ignore it except in severe cases, when they are dependent upon some one who makes a specialty of doing such work. Others have the required skill, but are not properly equipt. Others have the equipment and the skill, but are too busy or too lazy to do the work.

Doubtless many a case of severe kidney trouble might have been saved if properly attended in time. One sees occasional cases which have been diagnosed as "Bright's disease," and doped and drugged unmercifully, live for years, or recover entirely.

These actual conditions are a sad commentary on the honesty of medical men. It is the duty of every medical man to perfect himself in the examination of urin and to practise it conscientiously. Every case with any obscure symptoms or which does not readily yield to treatment, should have the benefit of a thoro examination of the urin. We could never understand how some medical men, otherwise honest, could look at a bottle of urin, shake it, or perhaps make the litmus paper test, possibly take the specific gravity, and then assure the patient that the kidneys were all right.

There is a responsibility connected with making a diagnosis which some physicians ignore. The patient is trusting you when he applies to you; he is paying you for the best knowledge and skill of which you are capable; his life may be in the balance and neglect or careless ignorance on your part may condemn him to the grave; and if his illness has not had proper attention at your hands you may tremble when he dies. It is strange that this important subject is so neglected. A few dollars will equip one with apparatus, and but little space is required for the instruments.

Only a few moments are required to make a thoro and capable examination of the urin in most cases. It is some trouble, certainly, but you are getting paid for it.

One reason why practitioners make so few urinary examinations is that they have permitted the patient to understand that "urinary examination" consists in the above mentioned farcical procedure, and is not to be charged for. They thus dread making an honest examination, which will entail time, expense, and trouble, which they fear they could not obtain remuneration for. It is always wise to be honest. When you believe the interests of the patient require a urinary examination, tell him so, and explain that the time and skill required necessitate an extra charge for such service. Then if you charge a fair fee for it, you are bound by every rule of law and ethics to make a careful and thoro examination.

We know of one young practitioner who made a path to success by the careful urinary examinations he made. He permitted the patients to watch the manipulations, and thus gained their confidence. When they saw the pains he took with them, they felt they were in good hands, and trusted him and stood by him afterwards. The information he obtained from such examinations gave him insight into "obscure" cases, and his treatment was more successful than that of his predecessors who had not time to make urinary examinations, or who had the experience (?) which qualified them to dispense with such "formalities."

While we are confident that it will pay, we would not urge the business side of the proposition; but we insist that no man can be an honest physician unless he be prepared to make urinary examinations with accuracy, and do it habitually in all cases which might possibly need it. The more honestly a doctor acts, the better physician he becomes. And no man can be either an honest or capable practitioner unless he give due attention to urinary examination.

Editor MEDICAL WORLD:—I now have 18 vols. of THE WORLD nicely bound in library sheep on my shelves, which I prize very highly as a work for practical reference. Your Monthly Talks alone are worth many times more than the price of THE WORLD. Physicians as a class have a better conception of oppression than other people, and should be heard from their standpoint. May THE WORLD live long and share all of the good things of the world.

Wilton, Wis.

C. E. PHILLIPS.

[The Doctor inclosed \$1 for 1901, evidently forgetting that he sent \$3 two years ago to pay for four years in advance. We immediately returned the dollar to him, informing him that two years are yet due him.—Ed.]

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—BUBKIN.

READ. REFLECT. COMPARE. RECORD

Operation for Producing Sterility in the Male.

Editor MEDICAL WORLD:—I beg space to again refer to the subject of obstruction of the vas deferens. Why I did those operations reported in January WORLD, page 10, or rather, what caused me to do them, seems to be of interest to the many inquiring friends. I suppose they want to know what caused me to think of it. For six or seven years I have noted the interest manifested thruout the civilized world in the subject of limiting the production of undesirable human beings, as among the criminal, diseased and defective classes. I have seen a great many remedies given to prevent conception, but none without serious objections. It occurred to me that there might be a simple operation on the male sex which would sterilize without the loss of sexual power.

By referring to some cases of sterility without the loss of sexual power, due no doubt to plugging of the vas deferens by gonorrheal inflammation, I decided that the obliteration of the vas would be the ideal operation. After making myself thoroly familiar with the anatomy of the sexual organs of both sexes, I decided to try it.

Sterility in man without the loss of sexual power is of worldwide interest. As I claim to be the first to invent an operation to meet this end, I will give as best I can a technic of the two operations which I consider of most interest. I have done two others, but they are of less interest, altho they were more or less successful. I give the technic of these two operations for the benefit of my many inquiring friends. I have had letters of inquiry from a great many parts of the United States. And if any information other

than is herein contained is wanted I will cheerfully give it either by letter or thru the columns of THE WORLD.

Technic of the injection method: Take an ordinary hypodermic syringe and suck up six min. of c. p. carbolic acid. If the scrotum is not relax, apply warm water till it is (of course you want to clean the field of operation also). At the back part of the spermatic cord you will feel a hard, cord-like tube a few lines in diameter, which is the vas deferens. Grasp just where the vas leaves the epididymis and takes a straight course toward the pubes, which is about half way between the bottom of the testicle and the pubic bone. Thru the scrotum catch up the vas; it is best to draw it toward the outer side because the scrotum is thinner there and it is handier to the operator, and will give less trouble after the operation. Tighten the scrotum over the vas (be sure you have nothing but the vas), then with your hypodermic needle pierce the vas thru the scrotum till you have entered the lumen of the tube, then turn your needle up or down, push it a little further, to be sure you have the needle in the tube, then inject, and the operation is done. Before you pierce the skin be sure you have all the acid off the outside of your needle or you will make a sore; with this precaution a man may go about his every day avocation. This operation is simple, attended with but little pain, little inconvenience, and I think free from danger.

Technic of the incision method: Catch up the vas as in operation No. 1, inject a few minims of cocaine solution to anesthetize the parts, make a longitudinal incision about three-fourths of an inch long down to the vas, pick up the vas with a tenaculum, stitch it to the lower end of the wound, then with scissors divide the vas; dislocate the upper end by pushing it back in the scrotal cavity, then stitch up the wound with the testicle end of the vas outside. This wound heals quickly without much pain. Of course, aseptic precautions should be taken. This is the operation which I especially recommend for criminals, epileptics, syphilitics, consumptives, etc., from the fact that it is positiv in its effect, and I think it is attended with but little if any danger. If a man should perish from as trifling an operation as this, it would certainly be the fault of the surgeon.

My experience is quite limited, but I

believe if the operation by the injection method is properly done it will sterilize nine out of ten. One advantage, it is comparatively harmless, and can be repeated.

R. L. FORD, M.D.

Beda, Ky.

Calcium Sulfid. — "Cuban Itch." — Bad Breath.—Medical Guesses.

Editor MEDICAL WORLD:—I must dissent from the editorial on calcium sulfid. Even if Dr. Munson has failed to find it useful for boils, that is in itself nothing against the drug. In fact, so universal is the testimony in its favor that the gentleman's failure is self-condemnatory. Calcium sulfid is no specific, as I have found. I once gave it to a lady affected with a succession of boils. It stopt them while she took it, but as soon as she quit, the boils reappeared. Constipation and auto-toxemia were the true causes, and these relieved, the boils ceased. In a similar case diabetes accounted for the obstinate recurrence, while in a third the boils were an incident in the course of an affection I diagnosed as Addison's disease, tho the symptoms were strung out along ten years instead of two. Calcium sulfid is one of the most difficult drugs to obtain in chemical purity. It decomposes from the moment air touches it, and very little of that dispensed is at all active. Moreover, Dr. Munson may have been dominated by the Ringer idea of dosage—gr. $\frac{1}{8}$. I rarely order less than a grain at a dose, or seven grains daily.

The discussion on Cuban itch interests me greatly. From the reports you can form some estimate of the reporters. There are two ways of studying such a question. The usual way is to make up one's mind what the malady is, and then accept as gospel truth everything that confirms this view, ignoring, denying, or explaining away all that goes against it. A better way, but one rarely used, is to observe and note all the facts presented, and from them deduce your opinion.

Now it will be seen that several observers note the absence of umbilication, others see it sometimes. One says no whites have the malady, but adds a postscript to say one case is reported in a white, and that case alone postulated. Had this case not appeared he would have been positive that only negroes were affected, and that no pustules occurred.

The questions to be settled are: (1) Is

there one malady, or are there two, now prevailing? Beyond a doubt small pox is widely prevalent at present. It does not follow that no other eruptive fever is possible. (2) What is its behavior toward persons who have had small pox and those who have been recently successfully vaccinated? The questions of umbilication, of shot-like feeling, of secondary fever, of scarring, of uniformity of size in the vesicles, are none of them crucial, as we may easily conceive of epidemics of small pox differing from the classic type in any of these respects. But we cannot conceive of small pox again occurring in those who have had it, or those properly vaccinated. The only uncertainty about the latter is as to the production of true vaccinia. To illustrate: I once vaccinated a child, first vaccination. In one week I called and was told it had taken well, but was then about over. I at once told the parents it was a spurious vaccination, and revaccinated, this time with perfect success.

By the way, let me say that there seems to be some uncertainty as to the name of the malady under discussion. It is smallpox; not small pox, nor small-pox.

And here is a chance to test the latest claims for calcium sulfid. For if this drug has the control over micro-organisms attributed to it, this control should be shown especially during the incubative period, when there are few micro-organisms in the body. Whenever you have a case of small pox or any other infectious malady, and persons liable to that disease are exposed to it, bring them at once under the influence of calcium sulfid, giving enough to saturate the body so that the breath and perspiration smell of it, and keep this up till the day has past when the outbreak is to be expected. In small pox this is twelve days; but as we cannot tell what day infection has occurred, as a rule, it is best to give the sulfid for eighteen days.

Now by this two vitally important questions may be settled. (1) Does calcium sulfid thus given abort the attacks? (2) If so, are such persons thereafter immune against the disease?

I have no opinion to offer on the question. The idea is strictly in accord with the germ theory, and the claims made for the sulfids as systemic germicides. It is no argument in medical matters to scoff or sneer. Nothing has ever been gained in our science as important as the absurdities

that were scouted at first, and the promoters hooted, jeered, persecuted and driven out of the congregation. I will only instance vaccination, anesthetics, the ligature, antiseptics, and oöphorectomy.

The letters on bad breath are models. Each one reported what he himself saw, and no more; and from the sum one could write a very pretty paper. Not that the list is by any means complete, for many affections not mentioned may cause bad breath, such as fetid bronchitis, pulmonary gangrene, obstruction of the bowels, ulcers and diphtheria of the mouth or its neighbors, autotoxemias of various kinds. Uricemia is usually attended by bad breath from gastric catarrh. Salivation is another cause; decayed teeth and smoking.

Dr. Brunner (page 67) is a pretty good guesser; and he is not the only one of us who has to do some pretty tall guessing occasionally. But I don't like guesses when certainty is in reach. I may give some chloral on the guess that it will put my patient to sleep, but it kills him instead. I may guess my patient's kidneys are all right, but they're not, and he dies of the ether. Guesses grow into beliefs; beliefs into creeds, and creeds breed persecution. There is no room in modern medicine for hypotheses (guesses) that have no support, direct nor concurrent.

WILLIAM F. WAUGH, M.D.

Chicago, Ill.

Calcium Sulfid.

Editor MEDICAL WORLD:—In response to your request in February WORLD, page 46, will say that I have long protested against the wide range and indiscriminate use of calcium sulfid, contending that sooner or later such use must bring this valuable drug into disrepute. That it is valueless in boils (furuncle) and many of the ailments for which it has been recommended must be apparent to every close observer who has made extensive use of it. But that it is a specific for carbuncle if promptly and properly used can scarcely be questioned. Whatever the bacteriological difference between this disease and other forms of suppurative inflammation, need not here be considered. Suffice it to say that to the experienced physician, the carbuncle is familiar, and he regards it as a serious trouble, quite distinct from all other forms of suppurative inflammation, occasionally

proving fatal in spite of the best directed efforts under the old plan of treatment. It is in this disease, and this only, so far as my experience goes, that calcium sulfid is invaluable, a God send in many cases.

It is beneficial in all stages of the disease, but it is in the formative stage that the greatest good may be accomplished. Called to a case in its formative stage, no matter how extensive the inflammation or how great the pain and fever, prompt and proper means will abort it. First give a saline cathartic followed by one grain doses of a chemically pure calcium sulfid every hour until pain and inflammation subside. The relief is usually prompt, and no lancing is required. Also in advanced cases where there has been no re-absorption thru an incised wound in the barbarous practise of lancing, the sulfid if pushed and maintained to the point of saturation, will arrest the further progress of the disease. Do not lance a carbuncle. It never did cure one, and it never will; it aggravates the disease and endangers the patient's life.

J. C. S. COHN.

St. Louis, Mo.

Editor MEDICAL WORLD:—In regard to the use of sulfid of calcium in boils, I wish no better if it is *sulfid of calcium*. Since I have commenced using it, it has not been invariably all that I could wish. Purchase drugs from perfectly reliable houses, then there will be more uniformity in reports of effects from their use.

Keota, Iowa.

D. C. McFARLANE.

Editor WORLD:—Concerning your remark in February WORLD, page 46, I will say that I have used calcium sulfide with decided success in furunculosis, and lately found it to give positive results as an anaphrodisiac.

Edgewood, Ill.

J. G. ALLAN, M.D.

Editor MEDICAL WORLD:—Munson is not the first medical man to declare calcium sulfid valueless in the treatment of boils. Senn says in his second edition, Principles of Surgery, page 247, that "Sulfid of calcium, which has been recommended in such strong terms, has no influence either in the prevention or cure of furuncles." Notwithstanding these declarations, I shall continue to use the drug, having secured many happy results in the past eight years from a constant and persistent use of it. It is true that failures

can be recorded against it, and it may be asked of what drug cannot this be said? I have used it in boils, carbuncles, enlarged and suppurating glands, eczema, etc. I think I may say that I get as uniform results from this drug in indicated conditions as any remedy I use. I do not remember ever prescribing it in larger doses than $\frac{1}{2}$ grain. F. S. DUNHAM, M.D.
Cozad, Neb.

**Calcium Sulfid.—Jugulation of Pneumonia.—
Croup.—Spina Bifida.**

EDITOR MEDICAL WORLD:—Your editorial on the failure of calcium sulfid to maintain its position as a potent medicinal agent in all indicated cases, and asking experiences, prompts this reply. Out here, the drug is constantly claiming new laurels, and is coming into popular favor; but that may be because we can get an active preparation of this drug, and thus get results. Of the many on the market the only one giving invariably good results in my hands is that of the Abbott Alkaloidal Co., Chicago. I have prescribed it for years and it has yet to fail when given for effect. In pseudo-membranous (non-diphtheritic) and suppurative tonsillitis, diphtheria, scarlet fever, measles and its sequelae, it has proved of great service, its effects being almost magical. In gonorrhea, male and female, it lessens discharge and checks attack. In gonorrheal rheumatism and all sequelae caused by the gonococcus, saturating the system with this active drug ends the trouble. In pustular acne and furuncles it has been a sure and certain remedy. In all infectious and contagious diseases it holds a place hard to dispute, and its beneficial effect is pronounced. Calcium sulfid, when a good preparation is used, will continue to be without an equal in its line, and will constantly increase its usefulness, as it is more earnestly tried.

Dr. W. M. Beck, page 69, inveighs against the jugulation of pneumonia, and the specific effect of calcium iodized in membranous croup. There are too many and constant reports from unimpeachable and responsible sources to doubt that acute diseases can be jugulated, and are; but the only way to prove this fact to oneself is—simply go and do likewise. Not with $\frac{1}{4}$ gr. aconitin hourly, but defervescent in sthenic and dosimetric trinity in asthenic cases, given for effect: if need be, every

ten to thirty minutes, until pulse and temperature fall. Attention to the primae viae is essential as a first procedure. If the good Doctor will try honestly, and be willing to learn, he will conclude definitely that he has indeed not known all the felicities of modern scientific practise. Get in line, Doctor.

Calcium iodized is a specific in true membranous croup, but useless in diphtheritic croup. It is not given in infinitesimal doses at all: one-third to one grain every ten minutes is fairly finite. It is never too late to adopt a good thing.

Dr. Frank R. Brunner, in December WORLD, gives the apparent causes of two cases spina bifida. In one, the patient fell during the sixth month striking her back; in the second, the intermittent pressure of a washboard. Spina bifida is a fetal lack of development of the vertebral arches, and to be produced, the cause must act at least from the time of the closure of the vertebral arches. This is complete in cartilage in the fourth month, and the uterus at this period is just rising from the brim of the pelvis. It is difficult to understand how such a cause as the fall at the sixth month or the very intermittent and probably only occasional pressure of a washboard, could produce any effect on the spine of a child in the uterus. 50 per cent. of all cases of cleft spine are met with in the lumbo-sacral region as this is the last to close in fetal development of the arches.

The amniotic fluid up to the middle of pregnancy is greater in weight and amount than the fetus; at the end, the fetus is four or five times heavier, still it may be said to float. Notice the ease of "turning" the child in utero with fluid present, the difficulty when fluid is absent.

THE MEDICAL WORLD is a practical journal and one hard to do without. The efforts of its Editor to make it the best, and to give the greatest aid to the greatest number, ought to be and no doubt are appreciated. For one, I find not a leaf from cover to cover that I can afford to skip.

R. J. SMITH, M.D.

Indianapolis, Ind.

EDITOR MEDICAL WORLD:—I thank you for the kind reminder of the "dollar due," and beg pardon for the seeming neglect. It is certainly a small outlay for the very large return we get. It is now almost twenty years since I became a subscriber and yet each number is as fresh and interesting as the first. It keeps one in touch with the entire medical fraternity, and its elevating tendency (independent of claims and creeds) must be apparent to every reader of THE WORLD. May success ever attend it.

DR. J. C. SPORN
St. Louis, Mo.

Calcium Sulfid.—Strychnin in Grip.

Editor MEDICAL WORLD:—I for one want to say that calcium sulfid has given me negativ results invariably, whether used in large doses to promote suppuration, or small doses to prevent. My remedies par excellence in boils are liquor pot. arsenitis, and pot. et sodium tartras; the latter I use dissolved in port wine to keep bowels quite loose.

I want to answer Dr. Gore in regard to his article on dosage of strychnin. I give one-twentieth grain doses of strychnin during grip and have never seen anything but very gratifying results. I continue it every four hours until I leave the case; then, after meals, with other tonics. If I can support the system (one-twentieth grain strychnin every four hours doses), grip loses half its terrors. I prescribe that dose where vitality is low and no contraindications. I believe we should use fewer drugs and give them for more definit effects.

Wattsburg, Pa. W. J. Cook, M.D.

Typhoid.—Strychnin.

Editor MEDICAL WORLD:—I suppose that in order to have a vote in your family conffabs, I must be a member, and I therefore inclose my initiation fee, to cover the subscription for the current year of your official organ. I like journals like yours, where the articles do not run off into the most impossible scientific jargon, which we have forgotten years ago, but are practical terse statements by and for practical and busy physicians. The reason why I ask for the floor, lies in the question of Dr. L. C. Hurd (Feb. WORLD) in regard to castor oil in typhoid. I have been using it for two years, simply because it seemed to me common sense treatment, and have fared well with it. I have never had to resort to Dover's powder to check diarrhea. The castor oil and intestinal antiseptics do that. Given a case of typhoid; that means a small bowel studded with ulcers. These must of necessity discharge their broken down tissue, and this must be removed. Again, the ulcers must be treated to antiseptic lotions, in order to heal kindly, ergo: Give sulfocarbolates (the W-A intestinal antiseptic tablet made by the Abbott Alkaloidal Co., Chicago, is the best preparation of sulfocarbolates which I have yet found) for antiseptis; then plenty of water to wash out the bowels; thirdly, castor oil, to remove the debris, and there you are. Of course

you must give stimulants (strychnin is my standby) and regulate the food; but that is another part of the story. As to food, do not—as you want your patients to get well—give milk. It is a very breeding ground for bacteria, and the casein cannot be taken care of, acts as an irritant and causes relapses. I give cream, broths, fruit and meat jellies, baked apples and all the water that is askt for. Once the fever has gone down and recovery is well under way, I like grape nuts (Postum Cereal Co., Battle Creek, Mich.) well softened. It is tasty, nourishing and easily digested. The castor oil is kept up during the entire period of recovery sometimes alternating with saline laxativ (Abbott's) or, later on, with some aloin strychnia and belladonna pills to which may be added podophyllin. The principal point of the treatment is: Keep up the nourishment, and keep the bowels going.

I can only speak of about thirty cases in the last two years, but of these thirty some were "pizen mean" ones, and I have not lost one. Ergo, let Brother Hurd use castor oil, or any other common sense remedy with confidence. He will never get left.

To Dr. A. C. Gore (dose of strychnin) I would suggest that no physician, whether in city or country, is justified in leaving a patient to whom he has given heroic doses of heroic drugs (and the alkaloids are all heroics) until he has observed the first effect, from which he can draw his conclusions as to further doses. Strychnin is a two-edged sword, but a most benevolent one, which we may use confidently *after* having tested each case as to his or her susceptibility to it. I have spoken.

Roselle, Ill. H. J. ACHARD, M.D.

Editor MEDICAL WORLD:—In reply to Dr. A. C. Gore, Hohenlinden, Miss., will say I have given strychnin nitrate in $\frac{1}{16}$ gr. doses morning and evening, and $\frac{1}{8}$ gr. at noon hypodermically for several days' duration, without any discernible bad results. The patient absolutely refused to partake of the best Kentucky sour mash in any quantity after four days' treatment. Small doses had no effect whatever in destroying his appetite for drink. On another occasion I gave a pneumonia patient, four years old, who was in a collapse, two drop doses of specific nux in whisky every hour for two days and nights, with satisfactory results. These

are the largest doses I have ever prescribed. Strychnin in large doses has no doubt saved many a life.

If Dr. J. A. Elliot does not relieve his case of dizziness after following the Editor's valuable suggestions, February WORLD, page 75, kali phos., 3x, will in my opinion relieve him, if there are no lesions present. This remedy is almost a specific for the dizziness so common in old, feeble men and women who claim they are not sick—nor can you detect anything abnormal with them—but are simply dizzy.

For the benefit of Dr. E. M. Downs will say the following is said to be a good shampoo mixture: **R.** Potassium carbonate, 1 oz., rain water, 1 quart. Mix, color and perfume to suit taste.

Beardstown, Ill. C. C. PATCHEN.

Editor MEDICAL WORLD:—In answer to A. C. Gore, M.D., page 72, February WORLD, "What sized dose of strychnin is allowable" Dr. Dana of New York some years ago advised the following as part of the treatment for tic douloureux: First, the use of strychnin. This is given in single daily doses hypodermically; beginning with the $\frac{1}{16}$ of a grain and gradually increasing until $\frac{1}{4}$ of a grain is reached. Most patients cannot take more than $\frac{1}{4}$ of a grain.

I myself have administered $\frac{1}{4}$ of a grain many times, and $\frac{1}{2}$ perhaps twice, but I have found with that dose the symptoms too pronounced. B. J. BRISTOL.

Webster Groves, Mo.

Allowable Doses of Strychnin.

Editor MEDICAL WORLD:—In reply to Dr. A. C. Gore, in February WORLD, page 72, as regards "the allowable dose of strychnin," will say that I have given $\frac{1}{2}$ grain every twenty-four hours for one week in severe cases of pneumonia, with gratifying results. I have given $\frac{1}{4}$ grain in shock (one dose only). This produced slight twitching and excellent results.

Bluford, Ill. G. L. TAYLOR.

A RECORD TO BE PROUD OF.

Editor MEDICAL WORLD:—Inclosed find one dollar for THE MEDICAL WORLD for the year 1901. I commenced the practise of medicin in connection with my father January 1, 1843, and have been in the harness ever since that time, until the 4th day of October last, when after a hard two days' drive I took cold, which resulted in a severe nervous prostration, with rheumatism, which I am now recovering from. I think very few of your readers have a record like this; and I have taken THE WORLD ever since it was printed—at any rate, have taken it since the first copy was sent me.

Proctorsville, Vt.

Yours very truly,

D. R. STORY, M.D.

Rattle Snake Poison Cured by Large Doses of Strychnin.

Editor MEDICAL WORLD:—In the February WORLD, page 72, Dr. A. C. Gore wants to know something about large doses of strychnin. In reply I will say that during the month of June, 1900, I was called to see a man, about thirty, who had been bitten by a diamond rattle-snake. His condition was most alarming. I gave this patient one-tenth grain strychnin every four hours. This was kept up for forty-eight hours, without any untoward effect from the strychnin. Will say that patient made a complete recovery. I think anyone who gives less than a one-thirtieth grain strychnin will get but little if any results; especially is this true in desperate cases. J. J. HARDY, M.D. Sutter, Ind. Ter.

Ulcer.—Strychnin.

Editor MEDICAL WORLD:—O. C., of Ohio, in February number, wants a remedy for chronic ulcer of the leg which refuses to heal. Recently I had an intractable case following eczema in an old maid weighing over 300 pounds. I first tried the following, after cleansing ulcer with pure peroxid of hydrogen and 1-2000 bichlorid mercury:

R.
 Pulv. opii grs. x
 Pulv. galls 3j
 Goulard's extract 3j
 Ung. benz. zinci oxid 3ij
M.

This remedy has cured several cases in my hands, but failed to do any good in this instance. An aristol salve (3j to 3j) was used next, with like results. The enormous size of her leg, and its funnel shape from knee to ankle, rendered efficient bandaging almost out of the question: so I put her to bed, elevated the limb, and tried mentholyptine ointment. All swelling left the limb, but still the ulcer refused to take on 'reparative action. I next tried vitogen, an ochre colored powder put up by the G. F. Harvey Co., and in the course of three or four weeks, with satisfaction to physician and patient alike, the ulcer of large size was entirely healed. "One swallow does not make a summer," but this remedy is certainly worthy of further trial.

Dr. Gore, in same issue of THE WORLD, seems doubly cautious in the use of strychnin in 1-20 grain doses, and wonders how

many of this size a patient would bear. I have 1-30 and 1-20 grain tablets in stock all the time. I frequently give 1-20 grain before meals for months at a time in cases of pulmonary tuberculosis, and in one instance I gave with good results, 1-15 grain doses, or two 1-30 grain tablets, for many weeks. But every patient cannot bear so large a dose, and few but what can bear an initial dose of 1-30 grain. It is advisable to commence with a small dose and gradually increase it to the point of tolerance. If the dose is excessive, you will generally find it out by the patient complaining of pains and muscular stiffness in calves of the legs and back of the neck.

The above paragraph develops the following thought: Many physicians fail to get good results from certain remedies because of insufficient doses. One will give 1-20 grain agaricin or 1-300 grain to 1-200 grain atropia for night sweats; 1-120 grain to 1-160 grain strychnia for functional paralysis; 2 or 3 grains quinin for a malarial paroxysm in its protean forms; and wonder why his results are negative and become a pessimist in the efficiency of remedies; while another doctor gives the same remedies for the same ailments, and secures perfect therapeutic results, simply because he pushes the doses of his remedies until he gets their physiological effects.

DR. CHAS. W. MURPHY.

Salem, Ind.

Ulcer of Leg.

Editor MEDICAL WORLD:—I will give O. C., of Ohio, my treatment for chronic ulcer, especially on lower third of the leg, with no constitutional symptoms. Cause absorption of the obstructing bank of lymph. This is accomplished by heat, moisture and pressure. Soak the ulcer for two hours at night in warm 2 per cent. boric acid solution followed by a thick poultice of boric acid solution and ground flax seed, the surface being coated with boric ointment. Protect with oiled silk or wax paper, so that the poultice may not cake before being removed. In the morning, substitute for the poultice strips of lint wet in boric lotion. Cover these strips with wax paper, and apply very carefully over the whole a roller bandage, taking in the foot and going as high as the knee. At night remove the dressing and soak again. Continue this treatment for three or four days, or until the bank of induration is softened, then stop. Use

adhesive plasters one inch wide, and long enough to extend nearly around the limb. After elevating the leg and allowing the blood to drain out, begin the dressing by applying the first strip two inches below the lower border of the ulcer, making firm pressure as it is carried around the leg or foot; the next strip is applied nearer the ulcer, overlapping the first for two-thirds its width, so continue till the ulcer is reached, where the strips must overlap as before, but in applying them first fasten one end, then press the edges of the ulcer together, diminish its size as much as possible, and secure it in this position by continuing the strip firmly across it and around the limb. The strips must entirely cover the ulcer and two inches above and below. Over the strips apply a layer of lint, and cover the whole by a closely fitting roller bandage. The dressing is removed and reapplied as required by the amount of discharge.

If this method cannot be carried out, apply a Martin's rubber bandage directly to the skin, removing it at night; wash the leg night and morning in boric lotion.

A blister applied to the entire ulcer and surrounding skin may cause the induration to disappear. Incisions or shaving off of the induration may be required.

The former has proven very satisfactory to me in numerous cases. I have never failed to heal one in from five to six weeks.

J. J. EZELL, M.D., M.E.

Lafayette, Ky.

1. Wash ulcer in warm water before dressing.

2. Remove sluggishness of ulcer by nitrate of silver pencil over entire ulcer; scarify edges of ulcer slightly with sharp knife, enough to cause gentle bleeding. This may be repeated two or more times, until you get a good, healthy, granulating surface.

3. Sprinkle thus cleaned ulcer slightly, not heavily, with powdered boracic acid.

4. Apply borated gauze, under surface smeared with carbolated vaseline, in four or five thicknesses. Outside of this over ulcer place some absorbent cotton.

5. Bandage moderately tight, beginning at the toes, while limb is elevated.

6. Change and repeat this dressing only every third day.

7. Bid patient to have limb elevated as much as possible while under treatment.

8. At time of dressing use massage,

ntle at first, then moderately hard, strokes upward. Best done while washing with warm water.

9. Continue until ulcer is healed. Internal treatment not necessary, unless ulcer is due to syphilis.

If you follow directions closely you will be crowned with success.

N. G. J. DAHLSTEDT, M.D.,
Elliott, Ill.

Gelsemium for Grip.—Vital Force and Immunity.—Scraped Potato for Chronic Ulcer.—Electricity for Chills.

Editor MEDICAL WORLD:—Some time since you requested me to state my method of treating the grip. I will say that poisonous doses (only) of gelsemium will abort and cure it, and do it every time. The story of my own case would be too lengthy to repeat in THE WORLD. But it was thru actual personal experience that I discovered it to be a veritable specific in grip, for myself, and I am led to believe too, that almost any dose may be safely given at the onset of the disease, provided it is true grip. In my desperation from head pain I once took twenty drops of fluid extract of gelsemium (P. D. & Co.). In the short space of one hour I had completely recovered. I had not one single symptom or pain remaining. Thereafter I got down to ten, then to five drop doses, always fluid extract. One or at most three doses have always cured.

There have been no sequelae, no complications. I have advised some of my friends to prescribe it. One, a homeopath, actually gave a teaspoonful of mother tincture. *It cured.* No symptoms other than slight somnolence and inability to keep eyelids open, and this only in one case and for only a few minutes. I cannot too strongly urge, however, utmost care and closest attention for a time after any such dose, in any case.

In grip pains, colocinthis given homeopathically, ten drops in a half glass of water, teaspoonful every fifteen minutes, will give quick and permanent relief. Tell all our folks.

Immunity is immunity. And one is immune only while his or her vitality is of a higher order than that of any microbe that may be floating about in the fluids of the body. The very instant we drain to deterioration our individual vitality, we throw open wide the door to every form of bacilli within us, and that

form then present in highest vital force, aided by special momentary environment, will grapple with our very life forces for supremacy. Keep up your vital force and be "immune."

If O. C., of Ohio, had given his address on page 71, February WORLD, I would have written directly to him to say that in his case of chronic ulcer if he will take a nice, clean, sound, Irish potato, peel it, scrape the clean tuber into fine pulp, and bind directly to the ulcer, changing about four times each day, in about two to four weeks he will be able to report a clean and complete cure.

If malarial chills and fever are the product of a microbe, why then may any such chill or fever be almost instantly broken up and completely cured in three days by a proper and simple application of a good faradic current of electricity?

DR. J. H. MCCARTNY.
Avon Park, Fla.

It is not "Cuban Itch," but Small Pox.

Editor MEDICAL WORLD:—"In a multitude of counsel there is wisdom." This is why I consider THE MEDICAL WORLD a great medical journal. In it we have counsel from all over the United States, of the most practical kind. In the January number we find an article headed "Cuban Itch," and under this a query if there be any such disease.

There is an eruptiv, highly contagious disease prevailing in our state variously called "Cuban itch," "Elyhout itch," chicken pox, etc., which is nothing more nor less than small pox in a mild form.

I wish to state in the beginning that I am no small pox expert, neither do I think it requires an expert to properly diagnose the disease after having observed it in all its stages. There is some excuse for a physician mistaking the disease in its early development, but he is criminally and inexcusably unpardonable for doing so after having watcht the whole course of the disease.

I have this to say as to "Cuban" and "Elyhout" itch. Search where you will outside the cogitations of the brains of the laity and the mental dwarfs in the profession and you will fail to find anything said of Cuban and Elyhout itch. It is nowhere to be found in medical literature.

But some say it is a new disease brought to our country by our late and intimate relations with foreign countries, and we

would as well call it Cuban itch as anything else, as it has to have a name.

I claim emphatically that the disease under question is small pox. Can I prove it? I think I can, to any unbiased mind. As far as I have been able to learn, those who say the disease is not small pox use the following arguments for their reasons for so saying:

1st. That the disease is too mild for small pox. 2d. That it leaves no marks. 3d. That vaccination affords no protection.

It is an easy matter to refute each and every one of these assertions. Everyone will admit that any contagious disease is milder some seasons than others. Some cases may be mild and some severe. It is so in any disease. Typhoid fever may run a long and severe course, or prove fatal; another member of the same family may have it in so light a form as not to confine him to bed at all. Yet from that fact we would not say that the disease was not typhoid. So it is with small pox. We may have it in mild form. The American Text-book of Practice (Pepper, 1898—good authority) says: "We seldom or never see the disease in its former self." Are we to deny the existence of small pox because it is not so fatal as it once was? I think not.

2d. As to the disease not leaving any marks, we will quote William Osler: "Whether pitting occurs or not depends on the severity of the case." In a majority of cases Sydenham's statements hold good, "that it is very rarely the case that the distinct small pox leaves a scar." That is what Osler says about it. Will we take him for authority, or be guided by our own narrow preconceived ideas?

3d. If it were a fact that vaccination afforded no immunity against this prevailing epidemic disease I would not have written this article; or if I had I would have taken a different view.

I am going to give my own observations in regard to this matter as I have witnessed it. There were eight cases of this eruptive disease in our little village last spring. Two families were affected by it. There were four occupants in one house and six in the other. Six and four are ten, and only eight cases of the disease; what does that mean? It means that one member in each family had been previously vaccinated, and the other members had not. And what does that signify? It

signifies that vaccination protected the two that escaped, and that signifies that the disease was small pox—irresistible conclusion.

Some say the disease is chicken pox. That is essentially a disease of children, so we dismiss that.

In conclusion I will give some of the symptoms of these eight cases mentioned above: A chill ushered in some of the cases, and in the ones so taken the eruption followed on the third day. This is significant. There were headache, backache, slight fever. The eruptions first occurred, in every instance, about the head and face. A. F. AVER, M.D.

Glenville, Ky.

Small Pox or Cuban Itch: Which?

Editor MEDICAL WORLD:—It is a well known fact that for the past two years small pox has been epidemic in many states. Its mildness has paved the way for its rapid introduction thruout the entire country. The people and the physicians have alike shown little disposition to take even the ordinary precautions against infection. Doctors, like the laity, seem to think that unless the death rate is forty or fifty per cent., it cannot by any possibility be small pox. Hence we are continually having the foolish diagnosis of chicken pox, Cuban itch, impetigo contagiosa and so on ad infinitum. The query of J. R. Vaughan in January WORLD, was my first encounter with this new disease, but I had barely finished reading the article when I was called to see a young man just returned from the Texas plains. On arriving at the house he informed me that he had the Cuban itch. I found him covered from head to heel with an eruption in the pustular stage. The pustules were somewhat elevated and about one-fourth inch in diameter, many of them presenting a central depression, with a dark spot also in the center as if a small thorn occupied the spot. The adjacent skin was very red and considerably swollen. The pustules were in greatest number on face, scalp and extremities, while the abdomen was singularly free—not more than a half dozen pustules from the free border of the ribs to the pubes. It was the eighth day of the eruption.

He gave the following history: Some twelve or thirteen days before he left the plains he was exposed to what was generally called Cuban itch; but he admitted

that some of the doctors called it small pox and some chicken pox. The first day out he felt bad; the next he had fever which continued until the third day, when he noticed the eruption on his forehead and it soon covered his face, scalp and extremities. He suffered terribly with his back, but that fever and pain subsided when the eruption was well out. Itching was intense, and his body and extremities bore the marks of his nails.

I pronounced it small pox and askt that the health officer of the county be sent to see the case. Dr. W. E. Brown, of Gatesville, Texas, was promptly sent and the case pronounced small pox. The patient was isolated and all those exposed, eight in number, were quarantined and vaccinated. The reaction was prompt and in four days the characteristic vesicle made its appearance. On the eleventh day after vaccination one of the number was taken ill, and after two days fever the eruption made its appearance on his face and scalp, and then on the back and extremities. It is now the ninth day of the eruption and the pustules are very much in evidence, tho this case is very much milder than the first case.

None of the others have shown any symptoms of the disease, tho they have practically past the usual incubativ period. Did vaccination prevent it? Six of them past two whole nights and part of two days in the same room with the first patient when he was in the seventh and eighth day of the eruption, sat at the fire together, and ate at the same table. Only two had been previously vaccinated, and that many years before.

The foregoing proves to me that it is genuin small pox, and that the name "Cuban itch" was doubtless given by some returning soldier of the Cuban war, to hoodwink some empty-headed M.D. and escape quarantine.

There are at present in this county four infected places, all under observation, each brought from different localities, and the patients present the characteristic eruption of small pox. No, sir, we have no new disease to deal with, but a very old one seen thru the "specs" of incompetents. In a recent letter from the plains shown the writer it is stated that "very few have died from it, but that many are disfigured from the pitting." The West is the home of this so called "Cuban itch," and I am told that no

attempt is made to isolate the infected, and that persons suffering from the itch (?) in its milder form are allowed to go when and where they choose, thus spreading it broadcast thru the thickly settled counties further east, for at this season of the year there is a constant and steady stream of emigrants to that section. A great many return for various reasons, and bring with them the "new" disease.

In the southern part of the state one county reports a thousand cases, and it is stated in the daily press that state aid has been askt. Where will it end?

J. D. MOORHEAD, M.D.

Levita, Tex., Jan. 29, 1901.

Small Pox, Sure.

Editor MEDICAL WORLD:—After having read the several articles in this and other journals referring to small pox and what many seem to think is only Cuban itch, I will add my mite in positiv proof of the former disease, i. e., small pox.

First, as to my direct knowledge and experience with this dread disease: In 1885, while attending the St. Louis College of Pharmacy, I was taken down with it myself, and was said by several eminent physicians of the city to have a typical case of it. Suffice it to say that, if it was not small pox, I do not want any nearer relationship to the malady, as I was a solid mass of pustules from head to foot, and itching does not half express the feeling I underwent. It was in the dead of winter, and I felt as tho I would give a thousand dollars to get my hands unmuffled and get one good long rake at those pustules. But in due time I recovered, and have always had very vividly impress on my mind that peculiar odor.

While practising medicin in St. Louis, in 1892-3-4 and 5, I had occasion to see several other cases; but the ones direct in mind were as follows: Last July 20th, two gentleman walkt into my office to consult me as to the danger of infection of one of them, who had just come from an Iowa town (overland route) where there was what was claimed to be Cuban itch. I advised this one man to isolate himself for a few days at least, by living in a tent, to be on the safe side. Three days later I was called to see him and found him in his tent out in an eighty acre corn field. While yet within twenty steps of him I saw him sitting in the opening of the tent, and the thought came to my mind, "small

pox, by Jove." On closer examination, and getting the complete history of the case, I was convinced beyond a doubt in my mind that it was really small pox, from the way he expressed his feelings, the appearance of the eruption, the shot like feel of the surface of the skin, and now and then an umbilicated papule, and later as they developed into pustules nearly all became depressed in the crest. There was nothing extraordinary in this case. While profusely broken out all over his body, the symptoms were all of a mild character; temperature never exceeded 101.5° F.

On August 2, I was to see Mr. K., the gentlemen whom this man had spent one night with, and found him with a temperature of 104.6°, having had a hard chill first and suffering intense pain in head and back. As he expressed it, it seemed as though every bone in his body would break. I prescribed for him the regular course for all small pox cases, and by order of the city authorities, I put a nurse and guards to see that strict quarantine law was enforced. Three days later the typical rash appeared; and so on thru his family of nine, only one escaping. All were of a modified form from early vaccination except the wife, who was nearly at full term of pregnancy at time of attack. Twelve days after Mr. K. was taken Mrs. K. followed, and at the sixth day of eruption, when pustulation was being completed, she was confined. If any of the readers of this journal ever had a similar case, they will realize what a glorious job I had on hand; but there was no getting out of it, or shirking on some one else, as the other physicians of the city wouldn't go for love nor money. So I went and did my duty. In thirty-five minutes after arrival, everything was all over and all doing well. The mother clung to the child (a nine pound boy) and would not allow it to be taken away from her presence during her disease. She even compelled it to nurse her own disease.

She was the worst case of small pox I ever saw, of the confluent form, and on the eighth day of eruption she had three convulsions from absorption of pus from the great amount of suppuration, as she was a mass of pustules, even the tongue and soft palate being thickly studded with the same. For forty-eight hours I hardly knew whether she would live or die; but with the best of care she finally began to convalesce, and in due time made a good

recovery. The confinement was natural as with any healthy patient to the end. The child to my surprise, lived, had eight or ten pustules developed on his body, and is as fine a specimen of humanity to day as one often sees.

The proof of genuine small pox in her case is seeing her as she is to day, deeply pitted from head to foot, even very marked on the tongue and soft palate with the white scar tissue and indentation. With this patient the temperature ranged at the beginning 104° to as high as 106.2° ten days later. The odor was almost unbearable, even with every antiseptic precaution and in the open air.

Thousands of cases have been very mild and hardly noticeable, but still the germ was there, and reproduced in the proper field for its growth may cause the typical case. We cannot guard too carefully the lion that to-day may be tame, but to-morrow may appear in all his fury. I would rather make a mistake in protecting the safety of my people than be found fault with and derided because of undue precaution.

One question I wish to ask: Have any of the readers of this or any other journal ever met with pythiasis from intra-uterine irrigation after removal of long retained placental tissue from abortion, mercury bichlorid 1-3000 solution, at second irrigation, thirty-six hours after operation? If so, will you kindly give your experience, and oblige
J. R. SMITH, M.D.

Warsaw, Mo.

Thoughts Suggested by the Cuban Itch Discussion.

Editor MEDICAL WORLD:—Inclosed please find \$1.00, for renewal for WORLD. Of all the journals that I take, I like THE WORLD best; because it is the experience of the practising physician. Much of it of real value, some of it amusing, all of it useful, giving a correct estimate of our fellow practitioners. The plan is correct. I often see something that I think of replying to, but neglect. The articles on small pox and the so-called Cuban itch produce thought. I have not had any experience with either as yet, but does it not excite wonder at so widespread an epidemic and so light a mortality? While the description is so uniform, the climatic conditions are so varied, treatment different, and recovery so universal. And good men differ as to its real nature. *What is it?*

We often hear the remark that it is difficult to diagnose the diseases of infants because they have no language to express their feelings, but they are as devoid of language to deceive us. But take the various diseases of the skin where we can look directly at the symptoms. I can say, after thirty years of practise, that they bother and defy the general practitioner more than any other class. He is a happy man that can diagnose them all. Everything that is red is scarlet fever or erysipelas; and all red blotches, measles; salt rheum takes the balance. I have seen and made more mistakes in diagnosing skin diseases than in any other department of practise. The skin has many and varied expressions in diseases of internal organs, depending to some extent upon the individual peculiarities. And it has many diseases of its own with strange and sudden manifestations. Some of its diseases will effect or produce diseases in the internal organs if it continues long enuf. For example, all inflammatory disease of the skin over extensiv areas, if it continued for a few days or weeks, will produce disturbance of the kidneys, which may be temporary or become permanent. If this "Cuban itch" is small pox, then it has changed from a very fatal and bad marking disease, to a very mild and inoffensiv one. If an itch from Cuba or the Philippines, then we are getting more than new territory; and if we are making their conditions better, they are making ours worse. We may be thankful it is not more fatal. I had no idea of writing when I began, more than sending subscription.

JOHN BINNIE.

Poynette, Wis.

Editor MEDICAL WORLD:—I want your valuable magazine another year. It is run on broad, liberal lines that I much admire. I have been looking for a Vermont article on Cuban itch. We have had it here, and I will give you our experience briefly. About April, 1900, a man returned from a western camp, in Arizona perhaps, to his former home in Hardwich. He was taken sick and his physician called it small pox. All others laughed; finally the State Board of Health made Hardwich a visit and they decided it was not small pox. It was classed "Cuban itch." Matters continued the same up to August. Some discussion occurred, and some ill will was displayed from time to time, and a few

sporadic cases were in evidence all the time; but as I understand, no quarantine. None of the most experienced physicians called the cases small pox. Finally an expert was called from New York City, and he declared the cases small pox. So our "Cuban itch" left us. With isolation and hygienic precautions all the cases terminated favorably, and to the best of my knowledge none were even pitted.

Montpelier, Vt. P. L. TEMPLETON.

We have Cuban itch here. No small pox in my estimation. Seems nearer to impetigo contagiosa than anything else. Treatment, ointment of ammoniated mercury, Dov. powd., Fowler's solution, and Abbott's saline laxative. All get well in from ten days to two weeks. No pits.

JOHN M. BACHTEL, M.D.

Fair Plain, W. Va.

Rattlesnake Bites; Cure Whisky.—"Cuban Itch."—A Case Vaccinated and Followed by two Attacks of the Disease.

Editor MEDICAL WORLD:—In early times Kansas was infested with rattlesnakes. I know of over sixty cases of bites in persons. Remedy, whisky till intoxicated. Results, cures in every case. Two other cases refused to take whisky; both died. Some of the cases had to travel as far as five miles to get the remedy, but it never failed. It takes lots of whisky. I have given a pint to a boy twelve years old before he got drunk. Clothing does not prevent the bite poisoning, as in a mad dog bite, for the reason that a "rattler's" tooth is a natural hypodermic needle. If there ever was a specific for anything, whisky is a specific for rattlesnake poison. It must be pusht fearlessly to the point of intoxication.

In regard to the "Cuban itch" discussion, I agree with Dr. Moore that it is contagious impetigo. Also with Dr. Hall's description and statement that vaccination "does not protect from the disease." Some of the worst cases in Seneca had been vaccinated, and only a short time before. I had one case that was unusual. It was my office boy. I had vaccinated him, and it was a typical case of successful "take." About the day the scab came off he complained of chilly sensations, a violent headache, high fever, and in twenty-four hours he was broken out nicely with "Cuban itch." He went thru it in about nine days, and his brother,

whom I had *tried* to vaccinate *three* times, took it. He was what our experts call a *sure* case of "small pox." In ten days he was all right again. In two weeks' time from that my office boy *took sick again*, and in thirty-six hours was, if anything, a nicer specimen of "Cuban itch" than he was the first time. These cases were watcht by Dr. W. F. Troughton, who is familiar with small pox, having been in three epidemics of the "real thing." He agreed with me that none of the cases we saw were genuin small pox, and my office boy settled it with us. We decided it to be impetigo contagiosa, and stuck to it, altho much sport was made of it. The disease left no *pits*, and as a usual thing they were up and "all right" the next day after the eruption came out. There were no fatalities from the disease itself. No feter like small pox, and we punctured the vesicles until they became scabs, but never found true pus. Their contents was a straw colored serum that became thick, but not pus.

JOSEPH HAIGH.

Seneca, Kansas.

Suffocativ Catarrh of Children.

Editor MEDICAL WORLD:—Your editorial on the above subject, with request for WORLD readers to take it up, has prompted me to introduce myself to the WORLD family by describing a case I attended several years ago, which I had always supposed to be one of capillary bronchitis. In January, 1893, I was called to see a girl baby about one year old, who had been suffering from a cold for some time, but suddenly became very much worse and I was sent for, and saw the child within two or three hours after the beginning of the attack. I found her with a temperature of 106° F., respirations 120 per minute, and no pulse that could be counted. The face, hands and feet were marktly cyanosed. The expression of face was one of great anxiety, the play of the nostrils was extreme, and there was retraction of the base of the chest. The respirations sounded like the panting of a dog on a hot summer day. I did not waste time on auscultation of chest, but proceeded to carry out my routine treatment in all acute affections of the chest, viz., to apply ice. Having no ice bags with me I dampened snow sufficiently so that it could be moulded into a solid layer about one inch thick; this was enclosed in two layers of towels and past around the chest, and patient rolled up in

blankets. The relief was almost immediate, and in one hour the temperature had fallen to 103°, respiration to 60, and pulse was strong and about 140. I ordered the cold packs to be continued until respirations should reach 40, and went home promising to return the next day. On following day found patient with pulse, temperature and respirations normal and not a rale in her whole chest. If this patient had died, I would have been blamed for freezing it to death, but certainly no other treatment would have saved her.

Many of the critics of cold application object to the application because they claim it contracts the capillaries, but this is contrary to my experience; the contraction is only momentary, and the more thoroly the ice is applied the quicker will be the reaction to one of extreme dilation.

Rockland, Pa. J. E. TAYLOR, M.D.

Suffocativ Catarrh.

Editor MEDICAL WORLD:—I have noticed your article on Suffocativ Catarrh of Children (February WORLD, page 46). I read your distressingly monotonous prognosis, and I decided to do what I never did before, to write a short article for a medical journal.

It has often seemed strange to me that men who write books have so neglected this and many other conditions. My results were always fatal until I followed the advice of Prof. Thompson, of New York City. Since then my results have been monotonous, but more pleasing. The treatment is this: Aconite if temperature is high—103°; sweet spirits of nitre, one-half to one teaspoonful in sweetened water, every two to three hours; belladonna in full doses every three hours. Nitre and belladonna to be persisted in until respiration is easy.

The doctor who treats these cases like ordinary bronchitis with ordinary remedies will lose them all. The theory of Thompson's treatment is easy to see: nitre allays bronchial spasm, reduces the fever and calms the nervous system. Belladonna is a respiratory stimulant. Restlessness should not be quieted by opiates; indeed the first sign of stupor is the thing I don't want to see. Tell the attendants not to try to quiet the child; it must fight for air. Keep it fighting for twenty-four hours without stupor and the victory is won. Of course counterirritation

and nourishment in small quantities with frequent sips of hot water are valuable. No ipecac, no ammonia, no opiates, no nauseants to loosen. Try this treatment and you will succeed.

Almond, N. Y.

C. R. BOWEN.

Do Not Curette the Cervical Canal.—Chemical Compatibles in Prescriptions.—Points in Giving Iron.

Editor MEDICAL WORLD:—Inasmuch as you invite your subscribers to express themselves on various matters, I will take occasion now, in the first place, to gently "roast" the Editor a little bit.

Some time ago there appeared a communication in THE WORLD from a Philadelphia doctor to the effect that he had curetted the cervix, or as I should judge, the cervical canal, from his statement that some time later he examined the same patient and found stenosis of the cervical canal. Here followed a too explicit account of how he produced pregnancy by injection thru this stenosed cervical canal.

The fault I find with the Editor is this: he should have either excluded the article or else called attention to the fact that it was an error to curette the cervical canal, as the mucous membrane, if removed in the cervical canal, is not, as it is in the cavity of the uterus, renewed, and consequently stenosis of the cervical canal would be the natural outcome of such erroneous treatment.

A few numbers back in another communication a prescription was given in which strychnin and iodid of potassium were given together in the same solution. This the Editor should either have excluded or else called attention to the fact that strychnin is incompatible with chlorids, bromids and iodids, and with alkalies. Fatal results have occurred from this very combination.

Physicians cannot be too careful about writing prescriptions for mixtures, that the various ingredients shall not be chemically or physiologically incompatible. Not only should the interests of the patient be taken into account, but the physician should also keep in mind that, even if no disastrous results occur to the patient from such a mixture, the druggist who puts up the prescription will certainly not think much of the doctor who writes prescriptions for drugs that are incompatible.

A short time ago the writer saw a pre-

scription from one of our most eminent surgeons for permanganate of potassium, acetate of lead and tannic acid, with some other ingredients, to be mixt and made into a solution with water. Now what can a druggist think of such a prescription? Our medical colleges are turning out very fine surgeons nowadays, but how many good doctors are turned out with the present system of teaching materia medica? Indeed materia medica is a much neglected subject, and as a result of a lack of knowledge of this important branch, the doctor of to-day in sheer desperation from his failure to get good results in the treatment of his patients, falls an easy victim to the ever present patent medicin vendor who lands his wares early and late. Finally such a doctor will get to be a therapeutic pessimist and see no good in medicin at all.

This was strikingly illustrated in the controversy in THE WORLD over the value of iron. One doctor went so far as to state that iron was of no use, or words to that effect. I was glad to see the able defence of iron by others, but I failed to find that anyone dwelt on the one main point in giving iron. This point is of such great importance that too much emphasis cannot be placed on it. It is this—mark it well! Never,—never under any circumstances, no matter how much it may seem to be indicated, give iron unless the tongue is clean. Attend to the bowels first, and afterwards if there is a tendency to constipation, combine a little aloes with each dose of iron. I am never disappointed with iron. As a rule I use the dried sulfate, like this:

R

Ferri sulf. exsic.	gr. xxx
Pulv. aloes	gr. xxx to lx
Pulv. aromatici	q. s.
Syrupi simplicis	q. s.

M. Div. in pil. No. 60. Sig.—One three times a day.

It is necessary to use a little aromatic or other powder in order to get a good pill mass. Do not allow the druggist to use any solid extract or other mucilaginous matter in these pills, because the pills melt so slowly then, that irritation or even ulceration of the stomach might be produced from a pill sticking in some fold of the stomach. (Murrell's Therapeutics.)

Often I combine $\frac{1}{2}$ grain arsenious acid with each pill. At other times, if there is any suspicion of syphilis, I combine one

grain of blue mass with each pill. The aloes of course is left out or not, as may be indicated by the condition of the bowels.

The old Griffith's myrrh mixture is a formula that has no equal for anemic or chlorotic girls. Many of our new doctors would probably laugh at the idea of giving such an old time mixture.

Now I wish to compliment the Editor on the able editorial on cod-liver oil, and especially for emphasizing the necessity of giving it one and a half to two hours after meals.

I like THE WORLD best of all the medical journals that I take. Most medical journals nowadays, it seems to me, have got down to the level of the patent medicine almanac. Sorry only that THE WORLD does not come every week.

237 First Avenue, S.
Minneapolis, Minn. A. E. ANDERSON, M.D.

[The Editor wishes to thank Dr. Anderson for his frank expressions. He also wishes to say that he does not claim to be infallible. It is hoped that the many details in his busy life will be some excuse for not catching *every* point as he goes along. However, he wishes to remind Dr. Anderson and all other WORLD readers that THE WORLD is *their* magazine, and whenever the Editor is lax in any particular, it is their privilege and duty to come promptly forward with criticisms and corrections. WORLD readers are a family of mutual helpers, and they should depend upon one another more than upon the Editor. Fraternal help is a thing that increases in the act of giving. Those who give the most are helped the most.

Dr. Cooper did not say that iron is of no use. He said its use as a hematic is illogical and indefensible, but that it is a valuable *astringent*.

No, THE WORLD is not published to "boost" the sale of certain preparations. It is not an "almanac." It is a legitimate medical publication, devoted solely to the interests of the profession, having no commercial interests whatever. Hence our subscriptions must be paid in cash. Does the profession prefer such straightforward dealing as this? or does it prefer to pay for its literature once in cash, and many times in the profits on "boomed" preparations? The fact that we have received more new subscriptions this year than in any year heretofore is an answer to this question.—Ed.]

How I Have Succeeded in Obstetric Practise.

Editor MEDICAL WORLD:—I see in the January WORLD, page 16, an article by Dr. H. S. Taylor, of Ashburn, Tenn., giving his experience in obstetrics. I was very much interested in it, as it displays that marked difference existing in the experiences of different men in different localities.

My own practise of twenty-five years bears record of a few more obstetrical cases than are claimed by Dr. Taylor. My practise was country four years, the balance city. My use of forceps has been 25 per cent. I have had four lacerations, all of which were produced by the passage of the shoulders, in cases where a very powerful expulsive effort caught me napping, for it is my custom when the shoulders are at the perineum to restrain the progress with one hand, and manipulate the external parts with the other until a safe degree of dilatation is secured. If then there seems to be any danger to the parts, the labor is conducted very slowly, lifting the child toward the mother's pubes, and carefully pushing out one arm, which so changes the shape and diameter of the shoulders that the labor is completed without accident.

In these days, and especially in our large cities, we have to deal with many feeble women. To such the forceps properly used is often a life-saving measure. My rule is to use forceps in all cases where the woman is suffering greatly, but making no progress. If the head does not engage the brim, and the os is dilated, the woman suffering greatly, I regard it as cruelty to delay forceps. I use Elliott forceps with sliding bar in handle, which enables the operator to regulate the pressure upon the child's head. Slight compression of the head will usually cause it to engage promptly, while the presence of the instruments is certain to change the character of the pains. No traction is necessary, in fact, never is.

The canal thru which labor is accomplished is a quarter circle, and any direct traction force is a violation of the mechanical laws which govern the process. In my belief direct traction is to blame for very much of the damage charged to forceps. I have seen the doctor pull upon his forceps until literally exhausted, while two strong men were required to hold the patient firmly on the bed. Such work would do credit to a barbarous age, but is

Adherent Placenta.

Editor MEDICAL WORLD:—The prompt removal of the placenta is generally advised, but in many cases I have resorted to more conservatism. I have very frequently left the placenta in for several hours in preference to forcibly detaching, which if done, very frequently necessitates curetment, and I regard that as being the most frequent cause of infection—it opens the avenues of infection. But when indicated, I strongly advocate a radical operation.

I will venture the assertion that many physicians can call to mind many cases of puerperal sepsis following the forcible removal of an adherent placenta; however, I do not say that it is true in all cases.

Upon finding the placenta firmly attached, I usually administer ergot and quinin, in connection with intra-uterine douches, and very frequently resort to packing of the os uteri, and apply ice over the region of the womb. In nearly all cases this procedure has been attended with happy results; while to my knowledge there have been cases treated more radically that have not terminated so satisfactorily.

Do not become alarmed too soon at hemorrhage unless very profuse; for it is to be regarded as a favorable symptom of separation, as there is always more or less hemorrhage accompanying the separation of the placenta.

Would be glad to hear from some of the WORLD readers on this subject.
Cave-in-Rock, Ill. J. H. GREGORY, M.D.

Fun for the Doctors.

Editor MEDICAL WORLD:—Most physicians of experience have some knowledge of a good ghost story. I want to make a collection of stories concerning the ghostly experience of leading physicians, and I take this method of soliciting the same from such persons as have a good article which they will contribute. Contributors will please forward manuscript as early as convenient, and see that it is written plainly and as briefly as possible. No article will be published which does not, at or before the conclusion, reveal the true mystery of the "ghostly fright." I take this precaution for the purpose of relieving the minds of some readers of superstition, instead of increasing the malady. The object is to furnish a book which will be instructive to the laity as well as amusing to the profession. A few good articles on Christian science, osteopathy, and other forms of faith cure will be welcome. Each contributor whose article is accepted will receive a free copy of "The Book of Ghosts." Address, J. L. SHORT, M.D.
623 E. Fourteenth Street, Kansas City, Mo.

"Short on Diagnosis."

Editor MEDICAL WORLD:—I desire to express sympathy with Doctor Beck, of Hanley Falls, Minn. (February WORLD, page 69), in his distress when he hears "about some fellow who has treated two to sixteen hundred pneumonias without a single death, seventy to a hundred membranous croups in one winter and no deaths, lobar pneumonia jugulated while you wait," and so on. I was once so, but further information and more matured judgment have convinced me that all such fellows are long on imagination and short on diagnosis; immense in self esteem but with a paucity of veracity. I am too timid to say that they prevaricate, but I do verily believe that they stretch the everlasting "bladder" of truth.

Responding to Dr. Hurd, of Durango, Col., will say that for thirty-eight years I have used castor oil in treatment of typhoid fever, and I regard it as a necessary agent in treatment of that disease. Do not believe it necessary to "check the bowels with Dover's powder" or other agent.

WM. COMMONS, M.D.

Union City, Ind.

Homeopathy in Grip.

Editor MEDICAL WORLD:—It is very amusing to a homeopath to read your treatment for the grip, February WORLD, pages 41 to 43—and this in the beginning of the twentieth century! A better treatment is to select a remedy according to the law, *similia similibus curantur*, from the *Materia Medica Pura* of Hahnemann, and give the remedy indicated, singly and in a potency. At least that is my experience. Camphora, aconitina, bryonia, chionia, and belladonna, have served me well in the present epidemic. Nearly every day's mail brings me the circular or sample of some "specific," but thank fortune, homeopathy is not advertised in that way. Would it not be wise to try this method that has stood the test for over one hundred years?

Uniontown, Pa. A. P. BOWIE, M.D.

[Doctor, will you kindly give us an article on the homeopathic treatment of grip, giving details and cases? We are not "hide bound." We are searching for truth.—Ed.]

I hand your "Monthly Talks" around among my neighbors, in order to scatter the good seed.—R. T. Connally, Rocky, Ark.

Treatment of Hemorrhoids.

Editor MEDICAL WORLD:—In reply to the inquiry of Dr. C. C. Patchen, page 65 of February WORLD, as to the treatment of hemorrhoids as practised by Dr. Johnson, of St. Louis; he used a 2 per cent. solution of eucain and 8 per cent. of cocain applied upon absorbent cotton. After complete local anesthesia, unknown to the patient, he injected from four to eight drops of the Brinkenhoff mixture, but later he abandoned that, due probably to too much irritation caused by the chlorid of zinc, and used the Hoyt mixture. The formula, as given by Dr. Eugene Hoyt, is:

Acid carbolie m.lxxx
Ext. Hamamelis (Pond's)
Aque dest. aa 3vj

Mix. This makes a 10 per cent. solution.

Concerning the application of his solution, Dr. Hoyt says: Introduce the needle so that the point will rest about the center of the growth, press upon the piston gently, so as to void drop by drop, until the hemorrhoid shows a paleness upon the surface. This is accomplished without any pain beyond a wave like sensation denoting a feeble knowledge that something is being done.

There is not a hemorrhoid case possible which cannot be obliterated by this treatment, and I am at a loss to explain why so many cling to methods that carry so much havoc and suffering.

I feel justified in saying that the injection treatment of hemorrhoids marks an epoch in the history of medicin, unrivaled in advancement by the treatment of any other disease to which the human family is subject. HENRY M. WOOLMAN, M.D.

Newark, N. J.

Treatment of the Alcohol Habit.

Editor MEDICAL WORLD:—They say that experience is a good teacher, and eight years ought to do something for even a stupid person. The first impression we had was that the cure for inebriety was a fake and a humbug. We are slow to fall in with a secret, and we condemn it as a matter of principle. We saw the results, which seemed marvelous, and of course they excited our curiosity and interest. Many different formulas were given to the profession from time to time, and thousands of us experimented, with more or less good results, but in the long run giving it up as a failure, or out of our line, and probably condemning it as it was not a

success in our hands. We are looking for specifics, or a medicin which will cure in spite of conditions or surroundings or circumstances; and we forget that the all important thing is the intelligence of the physician, his knowledge of the human system and of human beings, and his power to influence his patient to help the medicin to a final cure. We try a medicin for the cure of the tobacco habit; it does not cure, and we give it up. I do not believe there is any medicin that will cure every case of opium or tobacco or liquor habit. There are medicins that seem to act with certain results in some cases, but the majority of habits must be handled with great skill by no fixt rule, but according to the case in hand.

To get results, I feel that a suitable place should be had for a sanitarium. The surroundings must be of a high character, even if simple. There should be a high moral tone, which would appeal to the better part of any man. I think that the doctor who makes a success of curing habits and nervous troubles is "not made, but born." His success does not depend upon his profound knowledge of theories or bacteria, but upon his ability to read human nature and get the confidence of his patient, and his ability to get the cooperation of the patient. All victims had a beginning by starting moderately; soon a habit was formed, then a diseased condition followed. To cure a person even of an ordinary habit requires tact and skill. Try to cure a person of biting his nails and note the results. You will then appreciate the difficulties that beset a specialist in the cure of drug habits. We are all creatures of habit, and in many people habit is all powerful.

First, to treat any habit one must get the patient to acknowledge that a habit exists, which they cannot control, and be willing to give up the habit. Then the patient must take a time free from any care in which to give up the habit and the best thing that he or she can do is to go to a sanitarium and make a business of it. With the proper help from the physician I feel sure any habit can be cured, even masturbation.

Treatment of liquor habit: We will take a patient who comes in perfectly sober. I use injections four times per day during treatment. The dose must vary according to the individual and the case in hand. I have a solution of nitrate of

strychnin, 1-30 grain to ten drops of distilled water. Better begin by giving about five drops and watch the results. You can easily increase. Look for pains in the legs below the knees, or the hands feeling like closing, also a transparent appearance under the eyes, the appetite not coming as it ought to. If you have none of these symptoms you can gradually increase the dose up to 1-30 of a grain four times per day. Should the patient remain much over four weeks, I would not at any time give large doses of strychnin. I give all my patients the first or second day, according to the condition of the patient, four grains of calomel about half an hour after breakfast, and about half an hour before dinner a good liberal portion of salts. If you do not get a free movement by 3 p.m., repeat the dose of salts. During the treatment watch the patient, and if you find him a little irritable or hankering for a drink, bad taste in mouth, etc., the chances are he is bilious. Give him another dose of calomel and you will be surprised at the results. All inebriates have sluggish livers. I think this is an exciting cause of periodical drinking.

Now as to a tonic: I give the following, in teaspoonful doses, four times per day in a little water:

Chlorid of gold and sodium	gr. 1
Tr. gentian	oz. 2½
Tr. cinchona	oz. 1
Tr. columbo	oz. 1
Tr. hydrastis	oz. 2½
Glycerin	q. s. ad. oz. 8

Mix.

I am perfectly satisfied with the above tonic. I find it to be a good builder, and it agrees with every patient whether he is being treated for the liquor habit, or is run down from any cause.

If your patient does not get along well there is "some screw loose." Find where the trouble is and rectify it. No disease can be cured unless the cause be removed. You must not let the patient cohabit during treatment, and caution him to be very moderate for some months after treatment is finished. I have put twenty pounds on a patient, and four weeks after his return home had lost it all. Most inebriates are neurotic, and sexual intercourse is exhausting, which demands something, and of course liquor is the first thing thought of, as it is the thing they have been in the habit of taking. You must not let them drink outside of the institution. Usually they do not think of it; but

some cases will tax your ingenuity to the fullest, and also your patience. If you give them a drink you must make them sick, or you are in for it. I usually put them off until "shot time," and then dissolve one-twentieth grain of apomorphin in ten drops of the strychnin solution, and give as a regular "shot." The result is satisfying to the patient, unless he be very nervous and off in his head; then it is of no use, and you would better try some method until you get him normal. Most of the patients come in after a long spree. Look the patient over and decide whether there is a possibility of delirium tremens; if so, be careful not to sober up too quickly. Take away raw liquor and give milk punches and beef tea. Also give the strychnin injection; it stimulates the heart, etc. When you feel there is no danger of delirium tremens, take away the liquor and give the calomel as directed. If patient is very nervous, I give for a night or two the following: Chloral hydrate, 5 grs., bromid of soda, 15 grs., tr. hyoscyamus, 20 drops, at a dose. You can repeat every couple of hours if necessary. Do not continue to give after the extreme nervousness is past. You may have a patient who persists in drinking, and there is no danger of any trouble. The way I deal with such a case is this: I insist on giving milk punches and beef tea, giving as an injection strychnin 1-20 gr., atropin 1-20 gr., and morphin 1-4 gr. Having the solutions separate, I draw in so much of this and that, and then I give in one operation. If this is repeated every four hours for a while, the stomach will rebel and the trouble is over. A caution: do not give morphin or any depressant if your patient is very drunk or drowsy, as he will go to sleep and you cannot awaken him. If you have to give apomorphin, do not give if patient is much under the influence of liquor, or you will have trouble. In case a patient should go into a profound sleep, artificial respiration is the best method to keep him alive until after the effect is over. In such cases you should stay with your patient, or have a competent nurse. In fact, in bad cases you do not know what will happen for the first four or five days. I had a patient who appeared all right. He had been in the sanitarium five days going about with the fellows picking hops, and on the morning of the sixth day he was taken with delirium tremens and ran away, and

for two days we could get no track of him. After forty-eight hours he arrived at his home more dead than alive. He returned to the sanitarium and took the treatment, and is O. K. after six years.

After eight years of practical work, I feel that there is nothing more certain of results than the treatment of inebriety; but we must remember that the treatment does not consist in making your patient sick, but in building him up, morally, mentally and physically. There are many agencies at work to undo your good work; namely: good-fellow ship, ease of being persuaded or influenced, love for the feeling liquor gave, a loneliness, *strong habit*, lost "grip" or nerve, lack of confidence, and a belief that they can handle the stuff again safely. I have yet to learn of a case of lapse caused by a hankering for a drink.

It is a difficult thing to give a full detail of any treatment, as the cases met with are so different, and no general rule will work. GEO. H. DE NIKE, M.D.

Clinton, N. Y.

Ventilation.

Editor MEDICAL WORLD:—In winter and spring I am frequently finding sick rooms that have a temperature of 80° to 90°, with the accumulated expirations of the last few days unadulterated by fresh air. To remain in such a place for half an hour gives me a headache, yet I usually find the inmates of such places quite well acclimated. I have observed that hot air is an irritant to capillary bronchitis, which is the prevailing winter disease of high altitudes among children. The families that have this disease most are those that have a fear of fresh air; a fear that the baby will take cold. And oh, how they bundle up that baby! It takes more than tame advice to correct these things; it takes earnest and emphatic talk, and then the room is seldom kept below 75°. The two windows that I lower from the top strike terror to the grandmother, and thru her to all the family; and that baby, with a temperature of 102½° or higher, "will surely catch cold." I have seen families that were so determined to live in a close atmosphere that I have taken a hammer myself and fixt two windows so they would lower from the top. Often the windows I have lowered have stayed lowered for months, with less sickness than the family has known for years. But this is not a

profitable job for the doctor; and often I wonder if this is why doctors do not oftener get furious over this matter of ventilation. Doubtless any doctor under such circumstances would advise ventilation, but usually his words will pass unnoticed unless he waxes eloquent, angry, or gets in and does it himself. Churches, school houses and halls in the country during cold weather are badly ventilated, and these conditions help largely to give the doctor employment.

Will some one kindly give a course of treatment for post typhoid nephritis with edema and emaciation, in female aged 20?

Calcium hypophosphite has proved valuable in all forms of hemorrhage,—frequent, large doses. DR. C. E. BOYNTON. Sandy, Utah.

What is a Cold?

Editor MEDICAL WORLD:—I haven't seen an answer to "What's a cold" yet. How is this? Uricacidemia with intestinal toxemia. Give calomel gr. ʒ, sodium bicarbonate gr. j every hour until bowels move freely. At same time give:

Sod. salicylate	3j	
Morph. sulf.	gr. ¼	} tablets 4
Atropia sulf.	gr. 1½	
Water	3iv	

Sig.—Teaspoonful every hour until sneezing stops and eyes and nose quit running, then every two hours until patient is well.

I sometimes give it every half hour until throat begins to feel dry, then lengthen to one and two hours. This treatment very seldom fails me. JNO. H. FERGUSON, M.D. Colorado Springs, Colo.

Determination of Sex.

Editor MEDICAL WORLD:—In the February WORLD, page 66, I see a letter by Dr. A. W. Whitney on the determination of sex, which prompts me to offer, for the consideration of your readers, a formula with which I became acquainted some years ago, and by means of which I have, in almost every instance, correctly anticipated the sex of the expected child.

I do not, for a moment, want to be understood as in any way versely or adversely criticising the advice and rules or conclusions arrived at by Dr. J. G. Davis, and concurred in by Dr. Whitney, but would like to have the army of WORLD readers interested in that much mooted question apply the rules here given and report their

success in correctly naming the sex of the anticipated child.

The rule briefly stated is as follows: If the age of the prospective mother, at the time of conception, be an odd number of years, e. g., 17, 19, 21, or 23 years, and if she become pregnant during an odd month of that year, e. g., January, March, or May, etc., she will be delivered of a male child. If she become pregnant during the even months, she will give birth to a female.

If her age be even, e. g., 18, 20, or 22 years, and she become pregnant during an even month, February, April, June, etc., she will have a male, whereas if she become pregnant during the odd months she will have a female. To summarize: Likes, an odd age and an odd month—male. Even age and even month—male. Unlikes, an even age and an odd month—female. An odd age and an even month—female.

For this theory or rule I claim no infallibility, but have found it to be almost always reliable and have come to regard it as nearly a true means of arriving at a correct idea as any theory of which I have read.

W. C. McCUTCHEON.

Cassopolis, Mich.

[Of all "odd" theories on the sex question, this is the oddest. What can nature know of our conventional system of dividing the year into months? And what effect could the "odd" or "even" of these divisions have on the workings of nature? If this were true, what would nature do in parts of the world where the year is not divided into months like ours, or among savages where "months," neither odd nor even, are known? Yet in all these places they have babies, both male and female.—Ed.]

Warning.

Editor MEDICAL WORLD:—There is a man working among the doctors claiming to be a doctor himself, Dr. Fitzgerald by name. He claims to be from Philadelphia. He has wonderful powers in dislocating his joints and bringing out the muscles, hernia, etc. He is a thief, and has been stealing books from our libraries here and selling them to others. I thought it well to notify the profession thru THE WORLD and stop this nuisance. He stole books from my library and sold some to a druggist right here in town. He was supposed to have gone from here to St. Louis, or west at least. There is a reward here for his capture.

Newburgh, Ind.

O. A. LETT, M.D.

Editor MEDICAL WORLD:—You will find inclosed one dollar for subscription for 1901. I have been a continuous reader and subscriber for fourteen years, and have never missed a copy.

L. P. SMITH, M.D.

Unionville, La.

[Doctor, you could have saved several dollars by accepting our terms of four years for three dollars. Just as you wish, tho.—Ed.]

Use of Potassium Cyanid in Painful Affections of the Sciatic Nerve.—Report of Two Cases.

Editor MEDICAL WORLD:—In presenting this report no attempt at a scientific consideration of the subject will be made. But being struck by the coincidence of two cases which came under my observation, and as they refused to yield to every other form of treatment, I have deemed them of sufficient importance from a clinical standpoint to report, that they may prove of benefit to some other practitioner.

Case No. 1. Male, age about thirty-five, was admitted to hospital for alcoholism. Patient was in fair physical condition with the exception of suffering some from the effect of alcohol. He had at previous times been treated for alcoholism, and was accustomed to indulging quite often, and also attending late suppers, etc. The first few days were marked by a special change, but later the patient complained of a slight pain in right leg along course of sciatic nerve. This gradually increased, confining him to bed and causing him to cry out with pain if leg was moved. There was no external sign of inflammation nor specially tender spots, but pain was continuous along the whole course of nerve.

The usual remedies, as rest in bed, sodii salicylate, colchicin, laxative salts of lithia, were given; various liniments and bandages were applied, hot applications of various kinds, also a small blister was placed over sacro-sciatic foramen; this worked as usual so far as raising a blister was concerned, but it seemed only to increase the pain in the nerve, which at that time seemed likely to continue. As a last resort injections of morphin were given, beginning with $\frac{1}{4}$ grain twice a day. This seemed to check the pain for a time, but it increased in severity, so the dose of morphin had to be increased so that in about two weeks the patient was taking six grains a day and seemed liable to increase.

In reading a medical journal I accidentally saw an article on use of potassium cyanid in nervous reflex affections of the sciatic nerve; so I determined to try it on this case. I made a solution of potassium cyanid twenty grains to six ounces of water, I saturated a flannel bandage with the solution and wrapt it around the limb, covering that with another flannel bandage and applying hot water bags to outside. In course of a few hours the patient said the pain had dimin-

isnt a little. In course of six hours the bandage was removed and a new one applied as before. As a result the patient past the easiest night since his first attack of pain, altho he suffered some from the withdrawal of the morphin, which had to receive appropriate treatment. To my regret, the patient was removed to another institution and I was unable to fully follow the result, but the pain had gradually decrease from the time the application was made, and he was able to walk to the carriage as he was leaving, without suffering very much pain. I afterwards learned that a week or so later he returned to his home practically cured. I do not think this case one of true sciatica, but a neuritis due to acute alcoholism.

Case No. 2. Female, age thirty-eight, married, mother of four children, two youngest about two and four years. Patient was admitted to hospital for narcotism.

Seven or eight years previous, while riding horseback, she was violently thrown to the ground and sustained a fracture of left hip at acetabulum. The fracture was reduced by a local practitioner and seemed to get along all right; and in the usual length of time patient was able to be out. The only apparent result was a shortening of about one inch. A short time afterwards the patient had a severe attack of pain in left limb along the sciatic nerve. She suffered similar attacks at appearance of a storm, and became addicted to the use of opiates. At the time of admission she was using six ounces of tr. opii camph. During an attack of pain, after the opiate was gradually reduced, the patient's pain was very severe; so much that she would cry for hours and tear a towel or handkerchief in her hands trying to divert her mind. The patient had previously consulted the most eminent surgeons and tried the different baths, etc., in this country and Europe, all without any apparent effect. I used the usual remedies that were used on Case No. 1, and in addition electricity and Betz's hot air apparatus, without the least effect, altho the hot air apparatus did give some relief.

For various reasons I was unable to use the potassium solution until a short time before she left. At the next attack of pain I applied a bandage as in the other case, changing it every four hours, and was greatly pleased to learn that it gave

her almost instant relief, and has, so far as I am able to learn, since then.

From the fact that this last case had been treated without relief by the most eminent surgeons in Europe, I thought it well to mention these two cases, thinking that some brother practitioner might be able to relieve some obstinate case of sciatica with great credit to himself and with an ever grateful feeling from his patient.

H. EDWARD SISKE, M.D.

Palmer, Mass.

Formerly resident physician of Highland Sanitarium at Winchendon, Mass.

Points in Practise.

Editor MEDICAL WORLD :—

FOR TONSILLITIS, PHARYNGITIS AND THROAT TROUBLES.

R

Tannic acid dr. ij

Alcohol

Glycerin aa oz. j

Ft. emulsion. S.—Use with probang or other swab.

This appears to be a very simple thing, but with it I have relieved the worst cases I ever saw in thirty minutes.

ANODYNE SOPORIFIC.

R

Ext. conium gr. xx

Ft. pil. No. X. S.—One every two hours.

The only trouble about this is the unreliable quality of the drug. You must be sure that you get a good article. It will be found especially useful as a hypnotic and anodyne for nervous, delicate women and children.

As a galactagog I have used galega officinalis. Dr. John Abercrombie, of this place, an old practitioner, tells me the leaves of palma christi (the castor oil plant) boiled and made into a poultice for the breasts and armpits is next to infallible.

J. S. BRUNNER, M.D.

St. Petersburg, Fla.

What Man's Body Contains.

A bowlful of sugar.

Enuf salt to provide a dinner party.

Enuf gas to fill a gasometer of 3,649 feet.

Enuf iron to make five carpet tacks.

Enuf carbon to make 9,360 lead pencils.

Phosphorous enuf to make 8,064 boxes of matches.

Enuf hydrogen to fill a balloon that would lift himself.

There is enuf fat to make from four to eight pounds of candles.—N. Y. Jour. of Health.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Atrophy of Penis and Testicles.

Editor MEDICAL WORLD:—I have a case of atrophy of penis and testicles. J. B., aet. 44, unmarried, good general health, practist masturbation excessively when a boy and venery since becoming a man. Has been a hard drinker at times, going on sprees for two and three weeks. Erections are good, but testicles soft and flabby. Is there anything that can be done to develop the parts? Will you or some of your readers give me your opinion on the case? X.

N. Y.

[The only way to benefit this man is to regenerate his manhood. Many think that "manhood" consists of sexual power! This is a great mistake. Sexual power is only a single factor in the best and highest "manhood," and that factor grows relatively less after forty years of age. This man does not need sexual power—he has no use for it. But he is in pitiful need of real and noble manhood. He should give no thought to venery; he should correct his intemperate and dissolute habits; he should build up his physique by a careful hygienic course, consisting of a strict regimen, regular hours and plenty of sleep, outdoor exercise or a careful course in gymnastics, and last but not least, some noble object to live for, which will interest him deeply. This course will make a man of him if manhood is in him. Also, this course will restore his sexual competency, if that is at all possible, in which event he should marry some good woman who will have prudence enuf to conserve his sexual powers and inspire him to noble aspirations.—Ed.]

Diabetes in Child of Five Years.

Editor MEDICAL WORLD:—Mother brought child of five years to my office on December 15, 1900, complaining of pains in abdomen. Mother said that during last three weeks she had been passing a great amount of urin, wetting the bed every night. A case of simple enuresis as

I supposed, but later found out my mistake.

She came twice afterward, each interval being a week or ten days, but the remedy I gave had not the desired effect. After a few days I saw the child again, and noticed the dryness of the skin, the wasting, heard from the mother of a loss of weight of five pounds in three weeks, and of the extreme thirst of child, and concluded that it must be a case of diabetes.

I intimated this fact to the mother and askt for a sample of urin, which when examined, revealed the fact that the child was suffering from infantile diabetes. Sp. g. 1040, amount five pints voided in twenty-four hours.

I put her on proper treatment for this and in four days have to report some progress. Sp. gr. 1034, quantity past, two quarts in twenty-four hours; no thirst, good appetite, weight increast one pound.

Now, will the readers of THE WORLD kindly make suggestions as to the very best treatment of this case, or of similar ones which have come under their observation? Would like to hear from the Editor. Might just say that I cannot find any apparent cause for the malady.

Corunna, Ind.

A. F. PHILLIPS.

[Treat just as you would treat diabetes in an older person. The cause of diabetes can seldom be made out clearly and satisfactorily, tho prolonged mental strain is a well markt exciting cause in many cases, but that could not well apply in a child five years old.—Ed.]

What will relieve severe tinnitus aurium? Patient otherwise apparently healthy. Have used every thing I can find recommended, all to no avail.

CINCINNATI.

Treatment Wanted for Cerebro-Spinal Meningitis.—Simple Way to Plug the Nostril.

Editor MEDICAL WORLD:—As cerebro spinal meningitis is a very stubborn and fatal disease, I would be glad if the readers of THE WORLD would discuss its treatment. There is so much diversity of treatment, even opposit plans, that one is at sea when called to a case.

Let me add a simple but effectiv remedy for epistaxis: take the finger of a lady's kid glove, introduce a probe into it and push into the nostril. Then plug it with cotton, wool or other substance and the

flow ceases. This simple remedy has never failed with me.

D. C. McCAMPBELL, M.D.
Mt. Pleasant, Miss.

Cranial Hematoma in the New-born.

Editor MEDICAL WORLD:—I was called January 18 to attend Mrs. M. who, the messenger stated, was in labor. When I arrived (I had to go about twenty miles) the child was born, a fat, plump girl, but had a large hematoma just over the posterior fontanelle. The child lived five days, and died from the loss of blood. Could there have been any treatment that would have done any good? The hemorrhage came from the inside of cranium. This was their first child. Have you any comments on the case?

W. R. PENNINGTON, M.D.

Broken Bow, Neb.

[We will ask the fraternity to discuss this case.—Ed.]

Editor MEDICAL WORLD:—Want information in regard to the therapeutics of taurin, and also of thiosinamin. Where can they be obtained and price? Also best drug treatment for goitre, that has been well tested.

J. H. PHILLIPS, M.D.

McFall, Mo.

[Taurin is an amido-ethyl-sulfonic acid prepared by boiling ox-gall with dilute hydrochloric acid. It occurs in large, colorless crystals of glass-like luster. It is sold by Merck & Co., of New York City. Fifteen grains of it will cost you \$2.50. We have never heard of its use in medicine.]

Thiosinamin occurs as colorless, rhombic crystals. It is made by the action of alcohol and ammonia on mustard oil. It has a faint garlic-like odor and a bitter taste. It is used externally in lupus, chronic glandular tumors, for removing scar tissue, and is declared to have the power of "softening tumors of the uterin appendages." It is always used hypodermically and is then injected only subcutaneously. It has also been tried for the purpose of absorbing corneal opacities. It is injected in one-half to eight grain doses, generally in a 15 per cent. solution, and is employed once every three or four days. It may also be obtained from Merck.

Regarding the drug treatment of goitre we can only quote the old reliable iodine and iodids, internally and externally. In first attempting to treat a goitre, it is best

to use the milder forms of the drug, say, potassium iodide internally. If an extended course does not bring a reduction in the size of the gland, it may be necessary to use more severe measures, such as repeated paintings with tr. iodine, externally. The internal administration of thyroid extract has been successful in a numerous series of cases. It may be obtained from any druggist. The manufacturers will furnish data which will enable you to use it without fear of over dosage. Until its use is better understood, it is well to exercise caution in administering it.—Ed.]

Editor MEDICAL WORLD:—I am not accustomed to writing for journals but I have a case now in which I need help. Mrs. M., who was married about two years ago, is twenty years old. Began about three years ago having headache; it gradually grew worse until now it is almost unbearable. The pain is in the back part of her head, almost the whole occipital region; it usually begins on the first appearance of menstruation; at least this was the case till two months ago, and since that time it is twice or thrice each month. She has anteversion of the uterus, also a very bad case of ulceration, for which I have been treating her. The pain is of a neuralgic character, and is so severe that I have to resort to chloroform inhalation until I get the effect of morphine, of which 2½ grs. are usually required, hypodermically, and then it does not relieve every time. If any of the WORLD readers can help me I would be glad to hear from them thru THE WORLD or by private letter. Hope the Editor will give me a cure as well as a name.

J. A. BATTON, M.D.

Centreville, Tenn.

[The pain is probably reflex. An old outline, not invariably true, but frequently helpful, is this: for the cause of frontal headache, look to the stomach; for the cause of pain in the top of the head, look to the uterus; for the cause of pain in the back part of the head, look to the rectum. In anteversion the os presses against the rectum. Relieve constipation if present, preferably by copious and regular rectal injections for a while, examine the rectum for any diseased condition, and relieve the anteversion. You don't need any special name for the trouble—you want to cure it.—Ed.]

Editor MEDICAL WORLD:—I have two cases of indigestion in which I wish to ask help.

Case No. 1 is an old lady sixty-five years of age. I have been treating her about a year, and have called in two other physicians, with very little benefit. It is of a catarrhal form; her bowels move from six to twelve times in twenty-four hours. When I first began to treat her she was sick at stomach most of the time, with loose bowels. Stomach seems to be better at times, but her bowels are still loose. Appetite very good now, but she has become very weak and despondent. I have exhausted every thing I knew and could hear of, with very little benefit. Have given every thing in the form of pepsin, bismuth, calomel in small doses, acids in every form, and strychnin and cod-liver oil to hold strength.

Case No. 2: An old gentleman sixty-eight years of age came to me in November, 1900, complaining of pains in stomach and bowels; furred tongue; no appetite; weak and nervous; bowels constipated. Gave broken doses of calomel and pepsin, then dilute phosphoric acid before meal and essence pepsin after meal, with very little improvement. Bowels do not move without salts or some drastic cathartic. Have put him on strychnin and ipecac, with a little improvement. I ask the Editor and brethren to come to my rescue, and give me some help if possible in these cases.

J. C. EMBRY.

Cropwell, Ala.

[You do not seem to have examined the urin in either of these cases. Always do this in chronic cases, particularly in prolonged stomach cases like these. Also depend more upon diet and habits than on artificial digestivs.—Ed.]

Editor MEDICAL WORLD:—I would like the advice of some of the brethren regarding the treatment of the following case: A young man, twenty years of age, well nourished, farm hand, has complained for two years of a dull aching pain about one inch above the sacro-coccygeal articulation and confined to an area included in a circle with a radius of one-half an inch. Pain is aggravated by exertion of any kind. Careful examination of the part shows nothing abnormal. Complains of frequent seminal emissions. Have tried counterirritation by means of blisters and cauterization. By way of internal medication

I have used pot. iodid, pot. bromid, arsenic, colchicum and salicylate of sodium.

J. G. MUNROE, M.D.

Lockeport, N. S.

Will the readers of THE MEDICAL WORLD please give me their best treatment for a case of chronic prostatitis with hypertrophy of the prostate gland?

W. H. GRAVES, M.D.

Fayetteville, Ga.

Formula for "Omega Oil" is requested.

Current Medical Thought.

Terse Reminders Concerning Infectious Diseases.

Chicken Pox: Isolate the patient. Anoint the pustules with any bland ointment; oxid of zinc ointment is satisfactory. The contagion seems to be air-borne as well as easily carried on clothes.

Measles: Isolate the patient. Disinfect all articles of clothing and bedding. Air the room after recovery. The contagion is disseminated by the secretion of mucous membranes, the desquamating scales of skin, and is carried on clothes.

Scarlet Fever: Isolate the patient. Use disinfectant washes on the body of the patient after recovery. Thoroughly disinfect all clothing and bedding. Air the room well for several days before permitting any one to occupy it. Danger of infection of others as long as epidermis is desquamating. Said to be air-borne. Carries readily on clothes, and may persist for years on unused garments.

Whooping Cough: Isolate the patient, until paroxysmal cough abates. Disinfect clothing, bedding and apartments. Air room well before occupancy. Contagion is disseminated by the breath of patient, carried on clothes, and scattered from the particles of mucus thrown out in coughing.

Mumps: Markedly contagious and spreads by contact. Breath, nasal, and oral secretions disseminate it. Contagion is not easily carried on clothing. Patient should be isolated at least three weeks from onset of the disease.

Mode of Dissemination of Grip.

The influenza bacillus is probably taken up by the air passages exclusively. Its distribution by means of dried and powdered sputum can play an etiologic role

only in restricted degree, as the bacillus withstands drying so badly. The ordinary mode of conveyance is certainly by means of the moist nasal and bronchial secretions of influenza patients. The widespread and often pandemic distribution of influenza may be explained by the fact that in the first place the susceptibility of human beings to the disease is quite considerable; further, that the disease appears in many cases in the form of a mild coryza and of a harmless bronchial catarrh, and these at the beginning of an epidemic are not immediately recognized as influenza; that even after the epidemic character of the disease is established they do not confine patients to the house, so that opportunity is thus afforded, in sneezing and coughing, to disseminate innumerable bacilli among those not yet infected. The sudden recrudescence of apparently extinct epidemics is rendered comprehensible by the fact just mentioned, and there are cases of chronic influenza that act for a long time as carriers of bacilli capable of introducing influenza.

In 1892 Pfeiffer, in the Hygienic Institute at Berlin, recognized a special bacillus as the exciting agent of influenza, and developed it in pure culture. The statements of Pfeiffer have since been completely confirmed. (Clinical Bacteriology; Levy & Klemperer.)

Transmission of Pneumonia.

Infection with pneumonia takes place primarily thru the respiratory passages. Only in some cases of secondary, complicating pneumonia may the micro-organisms gain entrance into the lungs thru the blood stream. Direct transmission of pneumonia from one individual to another seems possible, and a considerable number of house epidemics of pneumonia have been reported. In the majority of cases an attack of pneumonia probably results from the inhalation of pneumococci with the air: or, more frequently, pneumococci that have long been present in the mouth, the pharynx, or the nose, are permitted by some accidental occurrence to gain entrance into the lungs and there to set up inflammation. Naturally, in connection with the epidemic distribution of pneumonia, the possibility cannot be excluded that the accidental influence has been operative in all cases in common, and that the pneumococcus need not be transmitted from one person to another, but

that it was previously present in all persons affected.

The hereditary transmission of pneumonia from the mother to the fetus is a matter of great interest. A few cases have been reported in which the children of pneumonic mothers have been born with pneumonia. In general the pneumococcus is not disseminated outside the lungs of the infected individual. The slighter degree of susceptibility of human beings protects them, as a rule, against septicemic infection, which occurs regularly, for instance, in the more susceptible rabbit. In some cases, however, the pneumococcus has been found, also, in the blood of pneumonic persons during life. Such cases have always been marked by especial severity, with a fatal termination, so that the discovery of pneumococci in the circulation of the blood must always be considered as of unfavorable prognostic omen. In the small number of cases of congenital pneumonia reported the bacteria must have gained an entrance into the placenta, thru a lesion of which they have passed over into the fetal circulation. Without such lesion the placenta, as is quite generally admitted, is impassable to micro-organisms. Like all febrile diseases, pneumonia readily induces abortion. The child that has been infected with diplococci can, however, suffer from true pneumonia only if it has already breathed. As a matter of fact, in only two of the children in the reported cases was pneumonic infiltration present; in the others diplococci were found in the blood—there existed a septicemia. (Clinical Bacteriology; Levy & Klemperer. W. B. Saunders. 1900.)

Skullcap

One of our subscribers writes us that a preparation of skullcap, made from the fresh herb, will quiet the nerves. It is said to stop a nervous person from "thinking"; especially on "love or sexual matters." It will quiet fear, he says.

We have not used this drug for such purposes; but the assertions are so strong that we feel that it is worth investigation at the hands of those who have opportunity to prepare a decoction of the fresh herb.

The Eclectic dispensatory advises an ounce of the recently dried leaves to a pint of boiling water to make a strong infusion. Its free use is highly commended in chorea, convulsions, tremors, intermittent

fever, neuralgia, delirium tremens, wakefulness, hydrophobia, and various nervous disorders. The strong commendations of the plant lead us to fear that it has been neglected.

Prof. Jos. McFarland, M.D., a recognized teacher and authority on bacteriology, has engaged himself with Messrs. Parke, Davis & Co., of Detroit, Mich., for purely scientific research in connection with their biological laboratories.

Can Two Germ Diseases Exist in the Same Patient at the Same Time?

Dr. Lambert Ott, in a very interesting paper read before the Philadelphia County Medical Society, on "Clinical Laws of Immunity of Disease," says: "Diseases have a distinct individuality apart from their bacteriological relations. The expression of disease is varied, but what hidden forces lie concealed to modify and mold the variations is a momentous question. Those who have suffered from pneumonia or erysipelas are apt to be again attacked. Vaccination will not take while a child suffers from even the incubation period of measles. Measles are the stronger, and hold the weaker in abeyance. Vaccination in children born of a mother who has had small pox is generally mild in type. Children who have had whooping cough and scarlet fever are not so apt to suffer from diphtheria; follicular tonsillitis also seems to yield a certain protection from diphtheria. Measles and whooping cough travel in pairs, but one invariably precedes the other. This combination does not produce immunity from scarlet fever, but such children are not so apt to have diphtheria. Follicular tonsillitis occurring in those exposed to scarlet fever, was called 'scarlet fever without eruption' by the older writers; and it is a fact that many such children, even in the same room, apparently escape the scarlet fever, since there is neither renal nor other complication." He believes no disease will produce immunity unless skin involvement be a part of its expression. If there be such a thing as inherited dyscrasia and diathesis, why may not there be a certain degree of inherited immunity? No two infectious diseases can coexist in the same individual; tho if syphilis be a germ infection, we have the exception of gonorrhea and syphilis in the same individual. "In the discussion which followed, Dr. Coplin said that the immunity found in

animals seemed to be transmitted only from the mother, and he thought that the immunizing body passed thru the placenta to the fetus.

Dr. Eshner reported cases of simultaneous attacks of more than one germ disease.

Dr. Ott, in closing, said that he had not been able to diagnose the coexistence of two germ diseases, altho he was aware that bacteriologists claimed to have done so.

[What have been the observations of our readers?—Ed. M. W.]

Diphtheria Antitoxin.

Dr. Edwin Rosenthal, of Philadelphia, Chairman of the Section on Diseases of Children, of the American Medical Association, presented some figures in his address before that Section at the Atlantic City meeting, last June, that tend to strengthen the claims of diphtheria antitoxin.

The object of Dr. Rosenthal's investigations was to determine the clinical value and ethical standing of antitoxin. In order to do this he placed himself in communication both with the users and manufacturers of serum. He directed the following to 4,000 teachers and leaders in medicine in this and other countries.

Dear Doctor: Will you kindly report at the earliest possible moment, on the experience you have had in the treatment of diphtheria, with and without diphtheria antitoxin? If you can give me the number of cases of diphtheria treated by you without antitoxin, and the number of cases treated with antitoxin, with the results, it will be of especial value. Should you have no record of your cases, will you kindly advise what is your feeling toward the treatment of diphtheria with antitoxin?

If you have any items of particular interest in your experience in the treatment of diphtheria (with or without antitoxin), I shall consider it a personal favor if you will report to me in full.

It is my purpose to read a paper at the meeting of the American Medical Association, and I am asking the information from you since it will be of material assistance in securing data for my paper.

Have you any preference as to what make of antitoxin to employ?

Very truly yours,

EDWIN ROSENTHAL.

The full data from the replies is not

given, but a summary shows a unanimity of evidence in favor of antitoxin.

The consensus of opinion as to antitoxin as an immunizing agent is that "antitoxin prevents diphtheria; if given early enuf and in sufficient dosage, it prevents the appearance of the disease. If the serum be given as an immunizing agent, and in doses insufficient, it will modify, that is, prevent a graver manifestation of the malady.

As to the results in general practise the replies were of three kinds—consultants, teachers or writers on the subjects; active family doctors; those connected with hospitals or other institutions in which diphtheria was treated. The replies from activ practitioners show:

"Total number of physicians reporting . . .	673
Number favorable to antitoxin	622
Number expressing no opinion	26
Number opposed to antitoxin	5

The total number of cases reported as having been treated with antitoxin were 12,375, of which number 11,727 recovered, showing a mortality record of 5.23 per cent.

Dr. Rosenthal also wrote letters to city bureaus of health, hospitals for contagious diseases and pest houses, both in this and foreign countries. One hundred and fifty-seven cities replied, showing "number of cases previous to the serum period, 183,256, with a mortality of 38.4 per cent. Number of cases since the antitoxin period, 132,548, with a mortality of 14.6 per cent. The latter were not all treated with serum; in computing those cases treated with the serum alone the mortality was 9.8 per cent.

It was shown by the letters received that diphtheria antitoxin was of unquestioned "ethical" standing.

If we can attach any importance to statistics, it does appear that the position of diphtheria antitoxin as a therapeutic and prophylactic agent is settled.

Treatment for Diphtheria.

In Merck's Archives for December, 1900, Dr. Weichselbaum, of Savannah, Georgia, makes the statement that he has not lost a case of diphtheria in the last fifteen years. His treatment is a mercurial purge at the start of the disease, and repeated as often as necessary, and the use of a 25 per cent. solution of peroxid of hydrogen in water as a spray or gargle every half hour,

together with quinin and aconite as indicated, and the use of

Mercury biniodid	gr. j
Potassium iodid	gr. iv
Water	dr. j

Dissolve and add:

Syrup hydriodic acid, enuf to make. .oz. iv

Give five to ten drops on the tongue every twenty minutes, day and night.

How Best to Check Hemorrhage from the Lungs.

There is much sound sense in the warning Tirard gives (*Medical Treatment of Diseases and Symptoms*, Lea Bros.) regarding the use of ergot in hemoptysis. He says: "In cases of unusual severity there can be no doubt but that a branch of a large vessel, one perhaps crossing a phthisical cavity, has become involved; and under such circumstances the administration of a drug which will cause contraction of the terminal twigs of the arteries will raise the blood pressure in the larger vessels, and thus will favor further hemorrhage, instead of acting as a remedial agent. I would therefore, recommend that ergot should be used only in those cases where the amount of the hemorrhage, or the physical signs, render it probable that the lesion affects vessels of small size, and that it should not be employed when there are signs of a large phthisical cavity, and when the amount of hemorrhage affords an indication that a large vessel has given way."

[Tannic or gallic acid, in thirty grain doses has been used. In such quantity they derange digestion, and interfere with nutrition for a time. Lead acetate in three grain doses, combined with one-half grain opium, has been used with success. Dilute sulfuric acid favors coagulation, and has been extensively employed. Small doses of alum give good results. The old domestic remedy of swallowing pinches of ordinary salt must not be forgotten. Sulfate, acetate, and chlorid of iron in dilute solutions, and in small, rapidly repeated doses, will often check the hemorrhage. Hamamelis is reliable, but slow. Small doses of turpentine frequently repeated, will often be found efficient; and it has the added advantage of being a stimulant and favoring the expulsion of the viscid contents of the bronchial tubes and air vesicles. Amyl nitrite is useful when the hemorrhage comes from a small vessel. Strong emetics or brisk purgatives often bring pronounced results, but the ex-

haustion following their use is objectionable.—Ed.]

Hoff's Consumption Cure.

This much lauded formula is as follows: "Take of arsenic acid 1 part, carbonate of potash 2 parts, cinnamyllic acid 3 parts, and distilled water 5 parts; heat until a perfect solution is obtained, then add 25 parts of Cognac and 3 parts of watery extract of opium which has been dissolved in 25 parts of water and filtered."

Dr. Hoff's statements and specifications regarding the remedy and his treatment are as follows: "At first take six drops after dinner and supper, gradually increasing to twenty-two drops."

"Hestates that he has tried the remedy on 200 patients from the lowest classes, who had been long under observation. Mild cases were quickly cured, and partial cures were soon brought about in severer cases. The appetite and weight were increased steadily, the fever lowered, night sweats, insomnia and asthmatic symptoms lessened, cough decreased, and rattle stopped. The patients are asked only to keep the kidneys in order. The duration of the treatment depends entirely upon the condition of the patient. Mild cases are cured in two months, but the more severe require a year or two. Dr. Hoff says he does not claim for the solution the power of a magic wand, which cures at touch; but he can state this—that one of his patients had cavities in the lungs big enuf to put one's fist into, yet he was cured in about two years. It is absolutely necessary that the solution should be taken after eating, when the stomach is full. The treatment must not be forced by increasing doses. As long as the patient shows signs of improvement the dose should not be increased. It is sometimes beneficial to reduce the dose."

There has been much discussion pro and con. of this announcement in medical journals and the lay press. At present we have nothing to say.—The Medical Council.

Proper Dress While Disinfecting.

Dr. John S. Fulton, of Baltimore, Md., has a worthy article on "A Suitable Dress for Defence Against Infectious Disease" in the Phila. Med. Journal of December 29, 1900. The Doctor uses a baker's cap, white pajamas, tennis shoes and four gum bands. This is the entire suit. The suit costs \$2.15. It may be worn on any street without exciting comment. It is very cheap, not alarming to the patient, readily carried, easily sterilized, thoroly efficient and wears well. Better get one for your satchel. Patients quickly learn to appreciate it, and the doctor's reputation for careful attention is enhanced.

The Medical Society of the Missouri Valley will hold its semi-annual meeting at Omaha, Neb., March 21st.

New Books.

Tropical Diseases, a manual of the Diseases of Warm Climates. By Patrick Manson, C.M.G., M.D., LL.D. (Aberd.), Fellow of the Royal College of Physicians, London; Fellow of the Royal Society; Foreign Associate of the Academy of Medicine, Paris; Physician to the Seaman's Hospital Society; Lecturer on Tropical Diseases at St. George's Hospital; Charing Cross Hospital Medical Schools; Lecturer in The London School of Tropical Medicine; Medical Adviser to the Colonial Office and Crown Agents for the Colonies, With 114 illustrations and two colored plates. Revised and enlarged edition. Cassell & Company, London, Paris, New York and Melbourne. Sold by Leary, Stuart & Co., New York, N. Y. Price \$3.50 net.

Contains 658 pages, with a superb and quick-working index. Nearly all the illustrations are new to American readers. The major part of the space is taken up with malaria (and due attention is given the malaria bearing mosquitoes), yellow fever, beri-beri, plague, cholera and dysentery; about one half the book being so occupied. The two colored plates are illustrative of malarial parasites. Every disease has full space accorded it on etiology, pathology and treatment; the latter especially is full, yet plain and concise, and leaves no doubt as to what the author considers the best remedial agents. Leprosy in its various forms is well handled. The author has had no results in the boils of the tropics from calcium sulfid, tar-water, or yeast. Many of the diseases and names sound weird to the denizen of the west: Guinea worm, loa, craw-craw, Dhobie itch, chigger, goundou, etc. This work has now past thru what we would call five editions, tho only published in 1898. In its new and enlarged form, it will prove more valuable than ever. It is revised up to the very time of publication, and is a reliable guide to the physician unaccustomed to such diseases. The constant interchange of traffic and passengers from foreign climes must transport many of these tropical diseases to our shores, and no part of the country may be called immune. It is the duty, therefore, of every physician to learn something of such affections, and he can learn it nowhere better than here. We commend the book, and believe it will meet with a large and well merited sale.—A. L. R.

International Clinics, Vol. III, 10th series. A Quarterly of clinical lectures and specially prepared articles on Medicine, Surgery, Neurology, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye and Nose, and other topics of interest to students and practitioners. By leading members of the medical profession thruout the world. Edited by Henry W. Cattell, A.M., M.D., with the collaboration of H. C. Wood, M.D., John B. Murphy, M.D., Alexander D. Blackader, M.D., T. M. Rotch, M.D., E. Landolt, M.D., Thomas G. Morton, M.D., and Charles H. Reed, M.D., with regular correspondents in Montreal, London, Vienna, Leipzig and Paris. Published by J. B. Lippincott Company, Philadelphia, Pa., 1900. Cloth. Price \$2.00 net.

The old familiar book has a new corp of editors, every one of them with a brilliant reputation, not one of them who is not a "star" in his own line. Valentine has a nice little twelve-page article on Aseptic Urethral Instrumentation. Bulkley calls syphilis "the great disease," in his article on Extra-genital Chancres. He condemns the hypodermic use of mercury, and believes potassium iodide is often pushed too rapidly. Lewis, Fisher, Peabody and Gottheil have articles on various phases of syphilis. DaCosta has an interesting article on diphtheritic paralysis, myxedema, syphilitic liver, etc.

There are 298 pages, and it is all good, tho we cannot review each article on account of the wide range of subjects treated and the numerous authors. Its very variety makes it a very interesting and profitable clinic. This volume will earn new friends, and will not alienate any old ones.—A. L. R.

Disinfection and Disinfectants. By H. M. Bracken, M.D., Professor of Materia Medica and Therapeutics in the University of Minnesota; Secretary and Executive officer Minnesota Board of Health. Publish by The Trade Periodical Company, 241 Wabash avenue, Chicago, Ill. Price not given us.

This little volume contains 85 pages and an index. Every undertaker in the land should buy it. Not many doctors but might profit from its perusal. All the disinfectants of efficiency are treated sufficiently, but to formaldehyde is given the place of honor. All the modern generators are illustrated with full page cuts, and the spraying method of using formaldehyde is illustrated and explained. An illustrated article on garments for disinfectors and physicians is timely and instructive. The author might well amplify his book; yet it is now indispensable to every undertaker, and very valuable to every physician.—A. L. R.

King's American Dispensatory. New edition. Entirely rewritten and enlarged, by Harvey W. Felter, M.D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's *Materia Medica and Therapeutics*; Ex-President Ohio State Eclectic Medical Association, etc., etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex-President of the American Pharmaceutical Association; Author of the *Chemistry of Medicines; Drugs and Medicines of North America; Elixirs, etc.*, etc. Two volume edition, royal octavo, containing together 2,284 pages, including complete indices. Cloth, \$4.50 per volume, postpaid. Sheep, \$5.00 per volume, postpaid. The Ohio Valley Company, Publishers, Cincinnati, O.

No eclectic practitioner can afford to do without this book; it brings his information up to date, and is valuable as a reference work in every day practise. It has much matter not found in other dispensaries, and may be consulted with benefit by any practitioner, be he regular, eclectic or homeopathic. The index takes up 87 pages, and is complete and a perfect aid to rapid work. This issue is entirely rewritten, and has the authority of the eclectic school. This is the eighteenth edition of the work, and it stands for Eclecticism as the National and U. S. Dispensatories do for Regular Medicin. We appreciate the original matter contained in it; the record of investigations nowhere else recorded are a valuable contribution to general medical literature. It is a valuable work which will grace any library, and will prove of daily use.—A. L. R.

A Treasure for Families: A Plea for Posterity, and the Development of Marriage upon the Human Race. By James W. Price, M.D. Price, 25 cents.

A rather eccentric, but interesting little pamphlet. Neither address of author or publisher is given. It has many lengthy quotations from recent authors along such lines, and many gems of original thought. Biblical quotations are prominent. Paper bound, 32 pages.—A. L. R.

A Manual of Hygiene and Sanitation. By Seneca Egbert, A.M., M.D., Professor of Hygiene and Dean of The Medical-Chirurgical College of Philadelphia; Member of The Academy of Natural Sciences of Philadelphia; Member of The American Medical Association, etc., etc. Second edition, enlarged and thoroly revised. Illustrated with 77 engravings. Publish by Lea Brothers & Co, Philadelphia and New York. 1900. Cloth, net \$2.25.

This edition has 424 pages, and a good index. It has been brought tully up to all advances in sanitation and hygiene. The author has established his reputation as an authority, and this edition embellishes the medals already won. He covers bacteriology, air, ventilation and heating, water, food, personal and school hygiene, disinfection and quarantine, disposal of sewage, military hygiene, and vital statistics, in a creditable manner. He has some pronounced ideas on the fruits of marriage, and does not scruple to pronounce them. He has a good book, which we can thoroly commend as being a perfect manual upon the subjects toucht. It will progress thru more than this edition, because of its intrinsic merit, careful editing, and perfect topography.—A. L. R.

String-town on the Pike. By John Uri Lloyd, of Cincinnati. Publish by Dodd, Mead & Co., N. Y. Price, \$1.50.

Contains 414 pages of interesting and fascinating reading. The author, like Dickens, has the faculty of depicting his character so vividly that you would know them if you met them. His negro and back woods Kentucky dialect is good, tho the faithful old negro Cupe would be as interesting if his "cuss words" were left out. Prof. Drew's ambition should be a lesson to young scientists and professional men not to let ambition overbalance a distinct occult resistance. Mr. Lloyd's "String-town on the Pike" should have a place on the upper shelf of fiction.—A. M. T.

Handbook of Medical Gymnastics. By Anders Wide, M.D., Lecturer in Medical Gymnastics and Orthopedy in the Royal Carolean Medico-Surgical Institute and Director of the Gymnastic Orthopedic Institute, Stockholm, Sweden. With a frontispiece and 92 illustrations in the text. Publish by Funk & Wagnalls Co., New York, N. Y., 1899. Write them for price.

Most general practitioners believe "Swedish Movements" to be but a species of quackery; but a perusal of this book will alter their trend of thought. This system is founded on a thor knowledge of anatomy, physiology and hygiene, and demands of operators both skill and knowledge. The system doubtless has, and will in future be, taken up by those who know nothing of either it or medicin; but this very reason is a powerful incentiv to the progressiv physician to take up the study of the matter till he is competent to judge of its merits. This book will enable any doctor to do this; and he may then meet the ludicrous and distorted claims of the quack smilingly. The work is attractivly bound, and well printed, the typographical errors are all too numerous. It has 372 pages. Its illustrations are all clear, distinct and instructive; each to a degree enabling the reader to understand and repeat the movement. The author has reported a number of cases treated by medical gymnastics, and also touches, at times, upon Massage and Orthopedics; as distinguisht from true medical gymnastics. Gymnastic

terminology, apparatus, education, movements, positions, and general governing rules, are given in detail; then follow their special adaptation to all the diseases to which man is subject. The language and phraseology as taken from the Swedish tongue seem awkward and ponderous to us, but the meaning is always clear. Such terms as "Stomach pit-shaking," "Abdominal side-shaking," "Sawing," "Sphincter stroking," etc., are new and novel; yet the author makes you understand just what he means and just how to do it. "Telephone Neurosis" is a new one, as are innumerable others, yet the germ of truth is here. While we commend the book heartily as one of the best silent instructors along such lines, we suggest to the author and publishers that in their next edition they employ an editor who will transpose typography and phraseology so as to correspond more closely with the American style. Both truth and instruction are here, tho a little hard to grasp readily; yet every physician who may ever lose a patient to a quack, had best buy the book, and by knowing all about it himself, forestall the loss. The book is commendable, tho its author has stumbled somewhat in his English. Every well-maintained library needs the work. The profession will soon request a second edition.—A. L. R.

Refraction and How to Refract. Including sections on Optics, Retinoscopy, the fitting of spectacles and eyeglasses, etc. By James Thorington, A.M., M.D., Professor of Diseases of the Eye in the Philadelphia Polytechnic and College for Graduates in Medicine; Associate Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia, etc. Second edition. Two hundred illustrations, thirteen of which are colored. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Penna., 1900. Price \$1.50 net.

We take this occasion to repeat the commendation we gave this work when it first appeared less than one year ago. Any book exhausting the first edition in less than a year has made a striking success. This book deserves it. It is a plain and perfect guide to what it claims to teach, and any intelligent medical reader may from it learn all the principles and theories which go to make up this branch of medicine. Little change has been made in the subject matter beyond a slight change in phraseology, which makes the meaning more easily grasped. The cost is very moderate, and the book can not fail to please the most critical beginner. We say it is one of the best of such works now extant, and this edition is perhaps a slight improvement over the first. Binding, type and illustrations are the same as in the first edition.—A. L. R.

The Treatment of Fractures. By W. L. Estes, A.M., M.D., Director and Physician and Surgeon-in-Chief of St. Luke's Hospital, South Bethlehem, Pa. With numerous original illustrations. New York. International Journal of Surgery Company. 1900. Price, \$2.00.

Among the surgical conditions which the general practitioner meets in his daily routine, fractures occupy a prominent place. This is especially true of the practitioner in the smaller cities and in the country, who cannot depend upon the specialist to help him out of the difficulty, but is compelled to rely upon his own therapeutic resources. A thoro knowledge

of the treatment of fractures is one of the pre-requisites to success in general practise.

Dr. Estes has viewed his subject in an eminently practical light. While his book enters the field a little later than more pretentious works on the same subject, he will hold his own well if price be considered. He is thoroly original. His cuts are fully explanatory, tho they might be improved upon in the artistic sense, and in mechanical execution. His long experience with acute injuries has fitted him to write authoritatively on emergencies. We find his book well up to date, complete, and a valuable guide to both city and country surgeon. His book is well worth its price for the original hints not found elsewhere. The topography is perfect, and the book has been well edited. It will have a deservedly large sale. It contains 221 pages.—A. L. R.

Progressiv Medicin, Vol. IV, 1900. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 428 pages, 69 illustrations. Per annum, in four cloth volumes, \$10.00. Lea Brothers & Co., Philadelphia and New York.

Vol. IV, for 1900, keeps up the record for this series as being one of the most valuable published. Einhorn's article on Diseases of the Stomach and allied organs is worth the price of the entire issue. Bloodgood has an entertaining and instructive article on elbow joint fractures, tuberculosis of bones, coxa-vara and gonorrheal arthritis. The unique feature labelled as "The Therapeutic Referendum," takes up 100 pages; herein is recorded the successes of the newer drugs and the decadence of some older ones. Belfield has an article on genito-urinary diseases, and Bradford treats on Diseases of the Kidney. Brubaker's article on Physiology will interest every practitioner who seeks to keep up with the medical advance. Baker, on Hygiene, deals with diseases due to toxins, their methods of control, and their modes of communication. This series has the gist of the year's grist. We read each book with increasing interest. We commend it highly to our readers, and suggest the continuous purchasing of the series until one will have obtained a modern medical cyclopaedia. Size, binding, type and mechanical execution are up to the high Lea standard, and uniform with former issues. The issue for 1901 will be at least the equal of those gone before, and no one could ask more.—A. L. R.

Student's Edition, a Practical Treatise of Materia Medica and Therapeutics, with special reference to the Clinical Application of Drugs. By John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth Edition. Thoroughly revised, 6½ x 9½ inches. Pages vii+770. Extra Cloth, \$4.00 net; sheep, \$4.75 net. F. A. Davis Company, Publishers, 1914-16 Cherry street, Philadelphia.

Five editions prove success. The plan and scope of the work has been altered. Since the material is now too voluminous for one con-

veniently sized work, this issue is to be followed by a "Physician's Edition." Those who like Shoemaker's writings will want both. This issue takes up only the drugs and preparations official in the United States and British pharmacopias. Both the metric system and the English system are given in every case; this helps those unfamiliar with the metric system to become accustomed to it. Every page bears evidence of painstaking investigation. We can commend it as a safe guide for the student. Whittla and other recognized authorities are freely quoted. Every drug and preparation has had full attention and all the reliable knowledge upon them is well condensed. This issue will not lose for author or publisher any of the prestige won by former editions. It will have a large sale.—A. L. R.

Culbreth's Materia Medica and Pharmacology.—A manual of Materia Medica and Pharmacology. Comprising all Organic and Inorganic Drugs, which are and have been official in the United States Pharmacopoeia, together with important Allied Species and Useful Synthetics. For Students of Medicine, Druggists, Pharmacists and Physicians. By David M. E. Culbreth, M.D., Professor of Botany, Materia Medica and Pharmacognosy in the Maryland College of Pharmacy, Baltimore. New (2d) edition. In one octavo volume of 881 pages, with 464 illustrations. Cloth, \$4.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The illustrations of botanical forms prove a valuable feature in this work. This edition is a considerable improvement over the first. Quite a mass of new matter has been added, and much of the former material is simplified. Measurements are given in both the metric and English systems. The arrangement of the drugs is novel to this country, at least. The author "associates as nearly together as possible these substances, organic or inorganic, which have a common or allied origin, allowing those next related to follow in regular order, the basal or parental source being thus kept paramount." The arrangement is an unquestioned improvement. The book has a section on the microscope and its use in pharmacy, and an appendix on poisons and antidotes. It is a book far above the average, and it is to be commended. Paper, typography, and mechanical execution are perfect. No one who buys it will be disappointed.—A. L. R.

Physicians' Manual of Therapeutics, referring especially to the Products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Co. Flexible morocco; duodecimo; pp. 526, Detroit, 1900.

To Parke, Davis & Co. we owe the benefits we at present enjoy from the use of cascara sagrada, grindelia robusta, yerba santa viburnum prunifolium, pichi and many other drugs now recognized by the pharmacopoeias of this and several European nations. They gave us aseptic ergot in place of the old fashioned, troublesome and often inert fluid extract. Aseptic vaccine had its birth in their biological department, and has revolutionized the operation of vaccination and its effects.

We are now presented with an excellent handbook of therapeutic information which also contains a comprehensive list of drugs and their preparations. After a careful examination of this publication we have no hesitation in saying it should prove a useful work of reference, not

only for the student, but also for the veteran practitioner. The publishers are "convinced that a very real and widespread demand exists for a terse Manual of Materia Medica whence the physician may quickly choose the biological or pharmaceutical preparation best adapted to his need." In their effort to supply this demand they have given us a pithy compend of therapeutic suggestions in which the list of disease names is alphabetically arranged. Under each head reliable hints for the prophylactic, systemic and local treatments of the various maladies are detailed in an orderly manner. Tables of various kinds are included, embracing such subjects as the Differential Diagnosis of Eruptive Fevers; Equivalents of Weights and Measures; Thermometric Equivalents, etc.

The major portion of the work is devoted to the Materia Medica. This section undoubtedly will be consulted frequently by the practising physician who, bewildered by the countless succession of pharmaceutical preparations, is "in wand'ring mazes lost." A list of its preparations is placed under the title of each drug, and includes all the various combinations of each now in use.

Tho the book is printed on thin paper, the typography is excellent, and there is a notable absence of the errors usually observed in books of this class.

The marvelous results that have been accomplished in the field of organo-therapy by the physicians of to-day, would scarcely have been possible without the co-operation of the biological laboratory and its corps of trained workers.

For many years the house of Parke, Davis & Co. has taken the initiative in seeking better methods and better results in pharmacy. Their biological laboratories and stables have been the objects of enthusiastic interest on the part of thousands of visitors from all over the world. Their biological products—their serums, vaccines, culture media *et id genus omne*, stand unrivaled as the trusty weapons of the family doctor when battling with the insidious destroyer of human health and happiness. We commend this neat little book to the reader. It might with advantage be made a daily office companion and in the routine of prescribing many a helpful suggestion may be had by turning to its well stocked pages.

This handsome and useful volume will be sent free of expense to WORLD subscribers who will write to the publishers requesting it.

Our Monthly Talk.

Now, my dear Dr. Cooper, for another talk on railroads. I would enjoy it much more if the subject were poetry, literature or art, and you were to talk and I to listen. But we cannot always do what we would enjoy most. Where "the people rule," all should understand public questions, and it becomes our duty to consider them. Did you ever think of how many distant parts of the world contribute to our daily necessities and comforts? Look around on your dinner table; where did the pepper and salt come from? the knives, forks, spoons, dishes, napkins,

etc.? Go thru your house and think of where the carpets, furniture, pictures, etc., came from, and how they were brought to you. All these things suggest *railroads*. As the arterial system is to our bodies so are railroads to our National life. If a finger or toe should not be getting its normal and rightful share of blood, this comparatively small fact gives us immediate concern, and the entire organism will "lay up for repairs" if need be, all on account of this humble little part. We would not want our brain, heart and liver to form a circulation trust in our bodies, and put all our other parts to unjust tribute, and starve the humbler members.

Now, our Nation is an organic whole, just like our bodies. Our National life depends upon the wise and just management of our railroads, just as our physical welfare depends upon the normal performance of the functions of our circulatory system. As the circulation of the blood is a physiologic question, the management of the railroads is a *public* question. That upon which the welfare of all depends, is the concern of all. The common law says that the railroads are "common carriers;" indicating that they should serve all persons on equal terms, and with impartial justice to all localities—but they don't. The largest shippers can get the most favorable terms, and localities are favored or discriminated against, at the caprice of railway "rulers."

New Zealand is the youngest Anglo-Saxon colony. When we were a young Anglo-Saxon colony in a new country, we breathed in the spirit of political liberty—and we made a success of it. Our kindred who went to a far away isle of the southern seas to find a home for themselves are breathing in the spirit of *industrial* liberty, and they are making a success of it. We will now consider only the way they manage their railroads. Their Minister for Railways says: "After we have earned enuf to pay the expenses of operation and the interest on the money borrowed to build the railroads, we reduce charges as rapidly as profits increase." Did you ever hear of a privately owned railroad managed in that way? "Increase profits" are a signal for more "water" in the capitalization, the interest on which will be a permanent additional burden on the business of the road. Do not think that this is only a concern of the stockholders, for it is *the people* who pay operating expenses, interest on stock and bonds, etc.

Did you ever hear of one of our railroads trying to get out of debt? Did you appreciate the importance of the fact noted in former "Talks," that the policy of the publicly owned railroads of Prussia is to pay off about 2 per cent. of the indebtedness each year, so that in about fifty years the roads will be free from debt, and the enormous item of "interest on capital" will be eliminated? How glorious it would be if our railroads were owned by the people and free from debt—no bonds, no stock, no interest—and only the operating charges to pay! Then freight, passenger, express and postage rates could come down. We will never get in that desirable condition until we begin—and we are not beginning,

In New Zealand, materials for making roads pay only half the regular freight rates, because "roads are feeders for railroads." Country doctors know that good roads are desirable in more ways than one. Lime as a fertilizer is carried free of charge, because it adds to production and builds up the business of the road—and the prosperity of the country. So with stallions, brood mares, rams, shepherd dogs, and all other domestic animals for breeding purposes. To help farmers to market fruits and vegetables, fifty-six pounds are carried any distance for twelve cents. In this way they can serve customers in town or city without paying a ruinous profit to the "middle man." Tell these facts to your farmer friends and then ask them if the railroad question is anything to them.

In vacation time, troops of city children are carried to the country, and country children to the city. The rates are put at the ridiculously low figure of fifty cents for 100 miles and back, for children under fifteen years of age, and for older children and the teachers, the rate is \$1. Do you know what these opportunities mean to both body and mind of rapidly growing and expanding child-life? Children of primary grades are carried to school free, but not farther than to the next school. Season tickets at specially low rates are issued to older pupils who have occasion to go farther for the higher grades. There are also special tickets for teachers who wish to attend Saturday training classes, and for children returning home from boarding school for the holidays. The parcel system is cheap and simple; but books are taken to and fro between libraries and their subscribers at one quarter rates. Did you ever hear of one of our railroads rendering any service to education or to the health or happiness of our children? They are not made for these purposes—they are made for *profit*. Don't you wish that we could find something higher to live for in our public life?

A certain section lost all its sheep (a important industry there) one year, by disease, severe winter, or some other cause which I have now forgotten. The farmers brought in sheep with which to stock up again *free of transportation charges*. This is on about the same principle that we prescribe rest of an injured part until it is cured.

These are only a few of the many facts that show that in New Zealand the railroads are used to serve the public good, instead of private greed. No wild Wall street speculation, no up and down of stocks and bonds, but always a steady service to all the people, the lowest rates being given to children for educational purposes, and to the most useful classes, the producers, and the humblest shipper can get as low rates as any millionaire, corporation or trust (if they have such things as trusts).

The public debt stands for public works instead of wars, and represents construction instead of destruction. A dollar of property is behind every dollar of debt. An increase of debt means an increase of assets. If we could only grasp and manage our public affairs in this

way, what a blessing it would be to our country, and to future generations!

With public ownership and operation, railroad rates never increase; every change is a decrease. How would the farmers, coal consumers, etc. in this country like that?

New Zealand is a rather large country with sparse population (1500 miles long from north to south, and a population not exceeding that of the city of Philadelphia). Under such conditions, the luxury of railroad travel as we have it here, with our great wealth and dense population is impossible there. But their less elegant cars and less perfect road-beds are used for the service of the people.

My dear Dr. Cooper, do you see the difference? The above are only a few of the many facts which show that they are on the right track and that we are on the wrong. For further particulars I commend you to a book by Mr. H. D. Lloyd, entitled "Newest England," recently published by Doubleday, Page & Co., New York (price \$2.50). I have here sought only to indicate how we should use the railroads as a public utility, and not allow the railroad rulers to use us as a "private snap." We can do it, and we should do it. We are not an original people, or we would have done this long ago. Instead of waiting for other countries to set the example.

The Century in a Nutshell.

This century received from its predecessors the horse; we bequeath the bicycle, the locomotive, and the motor car.

We received the goosequill and bequeath the typewriter. We received the scythe and bequeath the mowing machine and the self-binder.

We received the hand printing press; we bequeath the cylinder press.

We received the painted canvas; we bequeath lithography, photography, and color photography.

We received the hand loom; we bequeath the cotton and woolen factory.

We received the tallow dip; we bequeath the electric lamp.

We received the galvanic battery; we bequeath the dynamo.

We received the sailing ship; we bequeath the steamship.

We received the beacon signal fire; we bequeath the telephone and wireless telegraphy.

We received ordinary light; we bequeath Roentgen rays.

—London Answers.
At the beginning of the nineteenth century "the divine right of kings" had been called in question. To succeeding centuries is now bequeathed "the divine right of the people"—the most precious inheritance of all.

Practical Points.

There are many weak hearts at this "fag end" of the season, particularly this year after so much grip. To brace up the heart in the right way and at the right time will forestall serious consequences. See announcement of Freligh's Heart Drops, and send to Messrs. I. O. Woodruff & Co., 99 Reade street, New York, for sample and further literature.

See new page of Messrs. H. K. Mulford Co. facing last page of reading matter in this issue. The results there published are remarkable.

For literature on gold therapeutics, write a postal to the Chas. Roome Parmele Co., 86 Platt street, New York.

Are you successful in vanquishing our arch enemy—pus? If not write a postal to Charles

Marchand, 75 Prince street, New York, for that 300 page book "Rational Treatment"—free.

See Levico Spa adv. and send for that illustrated guide book—free. Also see terms on which you can get six free sample bottles of the Levico Water.

Are there not some of your patients that need cod-liver oil, but who cannot take it, and who could take Angier's Petroleum Emulsion with benefit? See adv. on page 3.

Your choice patients will consider you a choice doctor if you will prescribe Apollinaris and Apenta waters for them. See opposite first page of reading matter.

The Liberty Chemical Co. now comes to our pages for the first time. This is a young and growing firm, for which we predict certain and great success, because they have preparations of such merit that physicians will not do without as soon as they are acquainted with them. See page between contents and beginning of reading.

E. B. Marshall continues his full page with us another month. Do you do any horse-back riding? If so, you want his patent "convertible" case. See adv.

Geo. C. Frye, of Portland, Maine, comes out with a full page of instruments this month. See what he has to offer.

Blood will make blood. Bovinine contains the very elements of blood that your pale patients need. Give it to them.

Did you ever study the needs of mucous membranes from the standpoint of the membrane and its normal liquids? If so, you will see why acid antiseptics should not be used on mucous surfaces. Did you ever give this a thought? See adv. of Glyco-Thymoline (Kress) and send for sample.

Do you have much trouble with cystitis? Of course you do. Have you "posted up" on cystogen? See adv.

Do you carry a tube of Unguentine in your bag?

Flavell Bros. for elastic stockings, etc. See adv. for instructions for sending direct order.

Bromidia—Battle. Bromidia makes the battle easy.

Are you still slopping tincture of iron and other acids in your medicine case, thus having the seams eaten out, so your case falls apart? If so, you need a Western Leather Co. safety bottle. See adv.

Reed & Carnrick preparations are always reliable.

You will not be disappointed in Willis' instruments.

California Syrup of Figs—a household laxative.

A small quantity of Tyree's antiseptic powder will make a gallon of standard antiseptic solution. This is both cheap and handy. Write to J. S. Tyree, Pharmacist, Washington, D. C., for a sample.

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(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as ugh from though, etc., changed to t in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
throuth (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "snite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

The Physician's Hands.

The fastidious city physician is apt to keep his hands in perfect condition, both as a matter of policy and as a matter of personal choice; the surgeon must do so as a matter of conscience. Yet we greatly regret that we have recently noticed the hands of country doctors who could lay claim to more than a "country clientele," and have seen such hands in a condition to suggest the hands of a laborer employed in the filthiest work.

While fully aware that the average city physician has much more time to devote to manicuring than his average country brother, we cannot in this fact find excuse for the country doctor. The physician who is thoroly educated in complete medical lore of modern times will use his hands ten times where he will need an instrument once, whether he be located in city or country. Therefore, all due care should be exercised to keep them not only scrupulously clean, but soft, flexible and white. It is no mark of effeminacy to see a physician with firm, tho soft and white hands; we have seen such hands slip naturally and gracefully into boxing gloves which few amateurs cared to face; we have seen them lift prodigious weights, and seen

them do feats of strength and skill of which any man might be proud. Many men do not realize how ruf, uncouth, and really repulsiv their hands actually are.

If for no other reason than that of diplomacy, every physician is the better for taking good care of his hands. It is more a matter of habit than of care, and is really but little trouble after one has become accustomed to it. We have known physicians who had nothing socially, morally or professionally to commend them beyond the possession of soft, smooth, and always thoroly clean hands, make a tremendous popular success which could not possibly have been due to anything else. It cannot hurt the most capable physician to attend to this little matter; and it is certain to be a vast aid to every one who has hitherto neglected it.

Even the most obscure country doctor should take some care of his hands, both for the sake of his patients, and for his own comfort and convenience. Any doctor, even tho doing the most severe country work, may have white, soft, pretty hands. It is essential that they be well cleansed whenever soiled, and well dried after cleansing. It is generally impossible to clean the hands thoroly without the aid of a hand brush such as the surgeon uses. This brush is used with hot water and soap till every mark of grime is removed from every furrow, wrinkle and pore; then the hands are rinsed in clear water till all the soap is removed. They are then thoroly dried by towel and heat; the towel alone will not dry the hands sufficiently to admit of immediate exposure. If the hands are washed thoroly and properly, one may go out into the coldest weather at once without danger or injury to the texture of the skin. Every night just before retiring the hands are treated in this way, and well rubbed and kneaded with cocoa butter. One week's treatment will work wonders for ruf, stiff, or chapt hands.

Of course gloves must always be worn

at outside work; for summer they may be light, but in winter should be heavy enuf to furnish full protection against cold and wet. If any of our readers are guilty of having hands which are less efficient than they might be, because they do not take proper care of them, we hope they will remedy the matter at once, as much for the general reputation of the profession as for themselves. We once knew of a capable physician and a thoro gentleman who was recommended by a lady to a lady friend. The prospectiv patient immediately said, "Why, I could never let that man touch me." When she was urged for her reason for objecting to such a competent and gentlemanly man, she said, "He may be a good doctor, but his finger nails are indescribably filthy, and I could not bear the thought of what that filth might be."

Therapeutic Nihilism.

There are many men to-day who flaunt the title of doctor of medicin who know little of the science of medicin. They prostitute their title for the sake of the paltriest wage a useless specimen may earn. They haunt city and country alike. They may mask as regular, or have the "gall" to dare the open sky as blatant quacks. They, harpy like, sieze upon every passion, frailty, or prejudice of humanity and seek to mold it to their ends. No life is sacred; no risk too dangerous, if the fee be assured. This condition exists; every physician knows it well. The causes that have brought it about, and the remedy for such causes, are all that concern the truly capable physician.

Any qualified man who enters a medical school whose standards are up to the recognized basis, may by hard work qualify himself for the practise of medicin. Many qualified men enter the best schools and pass their examinations, only to turn out to be blots upon the name of medicin; many qualified men enter schools of the lowest grade and emerge splendid doctors.

Why? Admitting the influences which personality and environment bring to bear upon the case, the careful observer must discern a factor far beyond either, or both combined.

From what source are our "legally practising" quacks derived? Many of them hang the diplomas of the best institutions of this and other lands upon their walls. They have certainly past the examinations of such schools, else they could not produce the diplomas which they exhibit so prominently. Why are such men seduced into quackery? Has their education been deficient in any point? Why is it that many able men, after practising a few years, abandon the profession, or turn to some "specialty" which they make but a maskt quackery?

We believe the solution is found in two conditions. The first condition may be stated as: Given a man with a good education who has too much respect for the potency of drugs, or fear of untoward results following their use. The second condition as: Given a man who does not know much about drugs. The first class fear to give drugs in more than the doses stated in the books; naturally when they meet severe cases or cases in which the system has been accustomed to the use of certain drugs, their timidity prevents their giving enuf to get positiv results. In time they come to believe there is no efficiency or merit in drugs. The other class do not know enuf of therapeutics to properly select the indicated remedy, and generally use the wrong drug; they too become discouraged. Both such classes are prone to drift from a wavering belief in medicin to a state of absolute therapeutical nihilism, when they have no belief in any medicin whatever. Once such a feeling comes to rule in a man's mind, he is ripe for anything, and so it is that many such are quick to leave the ranks of the practitioner for "easier" fields. Once they convince themselves that medicin is a fraud, a greater fraud than the one they believe

themselves to have been practising has no terrors or stings of conscience for them.

"The man who does not believe in medicin does not know how to give medicin," said the elder Professor Wood. It is true to the letter. The remedy for therapeutical nihilism is a more thoro knowledge of therapeutics and remedial agents and methods. If you feel yourself losing heart, read more and study up new books. Once your enthusiasm flags, you are on the road to therapeutical nihilism, which will later prove to lead to the grave of your professional and moral reputation.

"Shot-Gun Prescribing."

Tho the term savor strongly of slang, we know of no other which expresses the thought so lucidly and tersely. It signifies the tossing of drugs into a prescription merely because they have been recommended by some one for some such complaint. The practise of employing such measures is even more culpable in the physician than is the infamous act of the "patent medicin man," who prescribes he knows not what. The nostrum vender slugs his drugs together for sale; but the physician who is consulted by a trusting patient has not even such a paltry shield for any such nefarious conduct. The nostrum maker is not supposed to either know or care what his compounds may inflict upon suffering humanity; but the physician is morally bound to know all that his science teaches regarding the manifold action of every drug he may use; and if knowing, he may find no excuse for not remembering. If he but realizes the potency of the weapons he wields, he will never use a "shot-gun prescription".

No other season of the year tempts the physician so much as the present time. Coughs are so common! If a practitioner be very busy, or quite lazy, he may easily compound or prescribe enuf chloroform, morphin or codein to silence any cough this side the grave. But what of the after effects? What of the habit? Who bears

the responsibility? Not only the responsibility of a chance birth of a "fiend", but also the weighty responsibility of the injurious effects of illy prescribed drugs upon functional activity and subsequent health.

Were it not better to have ascertained what caused the cough, and then to have prescribed scientifically? Every cough has a definite cause, tho it may be far from lungs or bronchial tubes. Every doctor who is consulted for the relief of cough is ethically, morally [and legally bound to investigate the origin of such cough. When he has so investigated, it is presumed that he will use the indicated drugs; and no less and no more.

The moral is plain: thoroly examine every case, and prescribe for it such drugs as are indicated. We must remember that our patients pay us as much for their ideas regarding our knowledge as they do for any relief our compounds may give.

At the same time, one must think, and think hard. It is often possible to prescribe compounds or mixtures which exactly fit the case; but any prescriber must know just what he uses. Every case of cough is entitled to a thoro examination, a careful diagnosis and a rational therapy. One has only to think of the multitude of causes which produce a cough to convince himself that every cough is entitled to his minutest attention. Each separate symptom should be met by a distinct therapy. If a single drug be indicated, prescribe it; but if the indications call for compound therapy, be just as sure of the positiv call for every drug in the prescription as you would be for a single drug, if prescribed.

Study thoroly and diagnose accurately every case appealing to you, and you will lose nothing in the end. A hurried or careless doctor is certain to become an inefficient physician. If you, in all truth, have not the time to properly attend your patients, tell them so. Select your clientele, or move. What you *do* do, do right.

Nephritis Secondary to Scarlet Fever.

It is important for the diagnostician to differentiate the various varieties of nephritis secondary to scarlet fever, if he wishes to retain his reputation for keenness in prognosis. The acute degenerativ

form begins within ten days from the appearance of the rash. The urin is diminisht $\frac{1}{3}$ or $\frac{1}{2}$, there is only a moderate amount of albumen, and but few casts. Recovery in a month is the usual rule. The acute exudativ form develops two or three weeks from the onset of the fever, and the symptoms are much more severe. The urin may be totally supprest for a number of hours and be very scanty for a number of days. The albumen is abundant and the urin carries blood cells casts, and an excess of urates. There may be disturbed heart action, delirium, and general and pulmonary edema. Despite the gravity of the symptoms, recovery often ensues in a few weeks. The acute diffuse form quickly follows the late stage of desquamation. There is obstinate anemia, vomiting and dropsy. The scanty urin is loaded with albumen and casts, and death follows within a few days. A return of vomiting or continued high temperature is always a suspicious indication.

Disinfection of the Excreta in Typhoid Fever.

It is now known that not only the vomitus and the stool, but also the urin of the typhoid patient carries the infectiv material, and it is therefore important that every physician make sure that the nurse both appreciates this fact and follows out the proper precautions efficiently. There are a number of cheap disinfectants which even the poor may afford, but even the best and costliest disinfectants are useless unless properly used.

One of the surest methods of rendering the excreta harmless is by fire. In the country where shavings, saw-dust or slack may be obtained for the hauling away, the military "sink" is a handy contrivance. It is easily constructed and requires no attention beyond occasional replenishing of the fuel. It is constructed and operated as follows: Dig a bowl shaped hole in the ground about 18 inches deep at its deepest part; line it by laying smooth, flat stones all over its bottom and sides in such a way that the bowl shape will be retained. Start a good fire in the bottom, of sufficient size to keep the bowl pretty well filled and all the stones hot. When it is desired to destroy excreta, throw it on the fire. The fluids are immediately vaporized and the

solids are soon consumed. The construction of the sink and the depth of the fire without the effect of draft from the bottom or breeze at the sides, permits a fire to burn for many hours without replenishing the fuel. Then a few shovels will keep it going a long time. Slack or saw-dust are the cheapest and best fuels, but coal or wood may be used. This method is cheap, convenient and absolute.

Boiling is efficient, but it is seldom that this plan can be carried out with satisfaction. It is slow and bothersome, the odors are not quickly destroyed and numerous vessels are required. The method of stirring the stools and urin with boiling water is apt to prove deceptiv, because of failure to secure disintegration of the stool to a degree sufficient to permit the water to reach every particle while the water has an efficient temperature. Few nurses will add enuf water and still fewer will stir the mass long enuf.

Receiving the discharges in a vessel in which the disinfecting matter is kept constantly is a good plan if one be certain that the disinfecting agent is there in sufficient amount. It is always necessary to have a number of vessels, since the stool should always be well stirred with the disinfectant, and then allowed to stand for several hours before being emptied. If purges are being used in the treatment, or if diarrhea or hemorrhage be a complication, one is apt to find the supply of vessels deficient and be tempted to shorten the period of standing in contact with the disinfectant. In the contact, stirring and standing method, carbolic acid, milk of lime, creolin or chlorid of lime may be used. Permanganate of potash, bichlorid of mercury and sulfate of iron are not to be relied upon. They are excellent deodorizers but are not always efficient disinfectants for excreted matters.

For country work, the sink is the best and surest, as well as the cheapest and most convenient plan with which we are acquainted. There are few dwellings even in towns where such a sink cannot be constructed in "the back yard." Since one can never be certain that perfect chemical disinfection has been obtained, and since the most careless or ignorant nurse cannot misunderstand the directions for handling the sink, we commend the plan to the attention of our readers. We have never seen it used by any one else for this purpose.

Where and How Shall the Medical Student Get Information Concerning Medical Ethics?

With all the everlasting hue and cry about medical ethics, one can not but wonder that there is so much loyalty existing, if he but know even a little of the actual condition of affairs.

The medical student enters the medical school "fresh from college;" or fresh from the farm; or fresh from his preceptor's office. He has never heard a word of medical ethics, and when he first hears the term, if he has the timber of a good doctor in him, he looks wise and remains silent while inwardly cursing his abject ignorance. So soon as he may, he looks up the term in every lexicon, dictionary, book, and periodical to which he has access, with absolutely no results in so far as information goes. That is, the good student does; the coming ignoramus or quack has not the energy, brains, or enthusiasm to do such labor. The good student has learned enuf to attract his attention, and has done his full duty when he has studied all available references; but the very familiarity with which the subject is treated by his professors impels him to conceal what he supposes is his supreme ignorance, and he is afraid to ask what this term means. Probably he does not again hear it in his entire curriculum, and graduates without knowledge of this important branch of medical education. All he learns thereafter will be over a very rocky path. He meets those as ignorant as himself; those who deliberately steal from him all his hard won prestige; the foul and slimy back-biter; the quack, as well as some versed in ethical lore. What wonder that he blunders? Who is to blame?

We recall the case of a young man who had graduated from one of our best colleges, with honors: he had served under a preceptor whose diploma was endorsed by the leading medical institution in the United States; he entered the curriculum of the said college and passed it with high grades, and some prizes; he was chairman of his class; yet until a few weeks before graduation he had never heard of "medical ethics." At once after hearing it he lookt it up faithfully, and found nothing. He first heard it in a casual reference during a lecture on therapeutics in which the professor promised to devote

one hour to a consideration of the subject of "Medical Ethics." The student, tho he has practised for a number of years, is yet waiting to hear that lecture. After laborious search, he found where he could obtain a copy of the "Code;" when he perused it his horizon widened, and in the twilight he saw numerous shadows of failure, insult, mis understanding, abuse and heart sickness and disgust, all of which might have been avoided or thwarted had he but known. When he obtained the copy of the Code he was a member of his County, State, and American Medical Association, and had written articles attracting attention in more than our continent. It is very easy to blame *him* for his ignorance; but were it not better to arraign the professors who should have given him a glimpse of light?

These were the actual conditions in one of the leading medical teaching institutions in the United States. What they may have been in the more modest institutions we cannot tell. We have assurance that they are no whit better to-day.

It is certain that if the medical students are not taught the vital principles of medical justice and equity, they cannot practise them. When they meet their peers in ignorance, some one is injured; and probably the most honest man. We enter an emphatic plea for the teaching of the fundamental principles of medical ethics in every medical school; we urge every National, state, and county medical society to furnish every new member with a copy of the Code; we suggest that every doctor who has never seen it write to the Journal of The American Medical Association, Chicago, Ill., for a copy. If the schools have no time to mention it, they might at least present each graduate with a copy.

Wrinkles.

While wrinkles are not a disease, their cure or the ability to retard the time of their appearance would be gratefully received by many of our lady patients, both young and old; and even the man who is careful of his personal appearance is often slightly worried by the early appearance of wrinkles which tell too much of a rapid and foolish life, or a body and brain tiring struggle for existence.

Wrinkles always tell something, if the observer can but read the written, the silent, language of Nature. If they do

not speak of overwork or dissipation, they tell of a temperament easily unbalanced by the every-day affairs of ordinary life; of a suspicious trend of mind which leads its possessor to search out causes for worrying where no actual cause exists; of prolonged mental or physical suffering or trouble; of perhaps, only a man's appreciation of his responsibility to his fellow man, his country, and his God; but whatever they may portray, they are always truthful and eloquent.

Many of us assign their etiology solely to age, or dissipation; a moment's thought would convince us of our error. A dozen other causes are fully as potent. Their pathology, if pathology it may be termed, is simple: the skin, thru being drawn by the underlying muscles of expression into certain positions day after day, gradually relaxes so that no effort of the muscles is required to hold it in such a position. When the skin is thus relaxt, no abnormal action of the muscular structure is required to retain it in its accustomed pose, and as the position is itself to a certain extent abnormal, the underlying muscular structures undergo an atrophy from failure to exercise the muscular cells. Thus the deformity becomes permanent, if untreated. We say "deformity," "permanent," and "untreated," advisedly; for rational and persistent treatment will cure all cases of wrinkles, except those of advanced age.

Massage and inunction do the work. The finger tips of the patient may supply the massage after one lesson of instruction, and lanolin is the best agent for inunction. The massage is given in plain stroking movements at right angles to the direction of the wrinkles, and is firm enuf to include the skin and underlying superficial muscular structures. Enuf lanolin is used to give abundance for absorption, and allow the skin to remain slightly greasy after the massage. Unsalted butter, linseed oil, castor oil, or codliver oil may be used with perhaps equally good effect, but the lanolin is as good as any, and is nearly devoid of any objectionable features.

The commercial cosmetics containing glycerin, zinc, lead, arsenic, flake white, etc., are, of course, not only useless, but positively harmful, and should never be prescribed by the physician. If the patient importune one for a lotion, there is no better than witch hazel and bay rum, equal parts.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

We continue to receive reports from all parts of the country concerning the strange eruptive disease that is prevalent over a great part of the country. In presenting these reports from various sections we aim to "hold up a mirror," as it were, in which we can see the condition just as it is in various parts, that comparisons may be made and conclusions reached. The reports are thus far too various to form a conclusion that will fit the conditions in all sections. We will continue publishing these reports as long as anyone has anything new to say. This is a very interesting collective investigation and will no doubt lead to much good. The visitation is a remarkable one.

"In a Nutshell."

Editor MEDICAL WORLD:—We have noticed several communications in your valuable journal in reference to an eruptive disease which has been terrorizing various parts of the Union. There is apparently a diversity of opinions entertained by the various correspondents as to whether or not it is small pox. Small pox has a history reaching back nearly as far as that of Adam. We are told that it is of Asiatic origin. Our earliest Chinese writers regarded it as almost a fatal malady, and the Jenner's researches and teachings threw light upon it, strange to say that in England to-day, at their medical societies, they debate the advisability of vaccination—this its mother country.

In our town and vicinity, within the last eighteen months, we have seen two or

three hundred cases. We express our diagnosis with considerable reservation at the outset. In fact, a physician who had not met with this peculiar disease, to at once decide would be considered as entirely too hasty for safety.

We spared no time nor pains to get at the bottom of the disease. It is a germ disease, both infectious and contagious. The period of incubation, the head and back symptoms, the degree of temperature, the sore throat and the localities of the eruptions, and the appearance, correspond with small pox.

It appears in the papular, vesicular and pustular stages, and while, as has been said, the colored race is less susceptible to yellow fever or even malarial fever than the whites, they are far more susceptible to this disease.

Attending this disease there are some cases of as genuine umbilication as ever occurred in any small pox epidemic. There were isolated cases of the characteristic odor, but they were the exceptions.

The fatality was only 1 or 2 per cent., and they were complicated cases. Several infants had spasms from high fever. There were several still-born babes that were perceptibly broken out. Those who had recent good scars, as also those who had undergone small pox, had immunity.

We did extensive corresponding and made thorough research, but failed to find any similarity existing between this disease and the Cuban or the squaw itch.

After long and patient experience with it, we gradually met with symptoms that for a time were lacking till we determined that we had conclusive evidence of small pox of a less degree of severity than had ever invaded this country before.

G. HUSTON CHAPMAN, M.D.

Uniontown, Ky.

Editor MEDICAL WORLD:—I see a good many communications, pro and con., on the disease called "small pox." I had some experience in treating it as long ago as January and February, 1896. At that time I did not call it "small pox," and received the imprecations of my community, had the State Board of Health after me, and really was "hard run" for a friend. After a careful and conscientious study of this malady I am, like the old woman, "of the same opinion still," for several reasons, which I will try and state as concisely as possible: First, this dis-

ease does resemble small pox in the first stages (I have treated both). Has all the "ear marks" of the genuin, up to the eruption and pustulation stage varying in intensity as the difference in the temperament of the patient might happen to control. In probably two hundred cases I had no secondary fever, no pitting, no death. Mostly, the odor (as a sheep pen) was confined to those who really stink under the most favorable conditions. I treated them, male and female, ranging in age from an infant of sixteen months to a gentleman of ninety-two summers. Had alcoholics, syphilitics, tuberculous and almost every other kind, including the lying-in state, and "nary a death." I do not attribute this good record to any superior smartness on my part. I used symptomatic treatment on all, kept them warm, and gave as much whiskey as they cared to use. Diet "anything you want, or can get." Many of them were on the street or in their places of business daily. I have looked up the history of this disease and find that in the sixteenth century the doctors had much the same kind of a time with it as we are now having, only in those days, in Germany they would kill a doctor who called it small pox, and across the line in France they killed him if he said it was not. One may take his choice at this late day, and be sure of meeting some other equally bright M.D. who will be obstinate and not agree with him. In Pleasant Hill, Missouri, where I then lived, you will find fully ninety per cent. of the population who do not believe it was small pox, as they can point out several people, yet living, who have had the "Simon pure" and this other small pox too. I really believe that if there were no state boards of health to draw their sustenance from the people, this disease would have come and gone without exciting a ripple upon the average medical mind or leaving a pit to mar the beauty of the girls.

W. H. YOUNG.

Quincy, Ill.

Editor MEDICAL WORLD:—We are having the so called small pox. It is every where. Affects the vaccinated and often affects those who have had variola. Leaves no scars. Repeats in ten days from first attack. No cases bad unless whiskey users have it. No cases die with it. Becomes chronic.

Oswego, Kan. W. S. NEWLON, M.D.

So-Called Cuban Itch.

Editor MEDICAL WORLD:—Having just become a member of the WORLD family, I want to say a few words on the above subject, as we have had quite a lot of it in this country. I was called to see a man, on the 11th day of October, 1898, whom I found to my satisfaction with every symptom of small pox. Feeling very certain that there was no small pox in this section, I began to doubt my diagnosis, so took up clinical investigation to ascertain if possibly it had been imported into our country, but failed to find anything that would enable even a suspicion. I therefore proposed to keep quiet and watch the case. Temperature remained at about 102° for four days, then there appeared small blebs, which grew thicker and a little larger, with a radical decline in temperature, which even went below normal, and patient seemed to almost collapse; but under heroic administration of stimulants, rallied and took nourishment. In six hours he wanted to get up and go about, claiming that he felt all right. The blebs, sixteen hours after their appearance, became pustules. In about seven days they began to dry and formed scabs and peeled off with no trouble other than some itching when in the air. No secondary fever, no stage of lassitude after appearance of blebs. Now in the name of common reason can we call this small pox in any form? I have treated about forty patients, and if I had no complications it has been in nearly every case a reproduction of the first.

Now about it being contagious: I have seen families of six or seven and only one member in the family have it. Yet I will admit that I cannot account for it staying in a community so long, cropping out here and there; but I can't recall a single instance where it caught every member of a family, and I do know that it cannot be carried in ones clothing by simply going in and out, for I certainly would have carried it to my own family were that the case, for I have visited as many as eleven cases in one day and went to my home and sat among my family without changing my clothing. As to vaccination being a preventive, I cannot accept that theory, as I have seen patients have it that were vaccinated, in which it took well. Yet I have heard men of good repute pronounce it small pox, and advise vaccination as a preventive. I utterly fail to find any

author of repute who describes small pox to conform to this stuff.

NAT. A. EVANS, M.D.

La Grange, Ark.

Editor MEDICAL WORLD:—To begin with, I belong to the "pill rolling family"; been at it for seventeen years, out in the piney woods, among the hills and hollows, red mud, sand, creeks and branches, chicken hawks, jay birds, woodpeckers, big eyed cottontail rabbits, brush, briars, broom sage, etc., etc. While I have had my share of the ups and downs (mostly downs), the good, bad and indifferent, the joys and sorrows, the serious and the ludicrous, I have never before appeared in print. When I read the scholarly and scientific articles from those who are so much my superiors, I have an inward hesitancy (as the duck said to the bold hornet) that I may get stung. But when so many people begin to talk so much on a subject, I can't refrain from putting in my "bill."

There has been, for two years or more, in and adjacent to my practise, an eruptive, infectious and contagious disease among white, black, "yaller," copper-colored, brown and brindle, young and old, for it is indeed no respecter of persons. I have not kept a record of the number of cases seen and treated, but there have been many. I have seen it in all of its forms from the lightest, when the patient had very light fever for from eighteen to twenty-four hours (never going to bed for it), with a few "bumps," a vesicle or two, and all was over. Again I have observed very high fever, temperature 102° a. m. to 104° to 105° p. m. for three to four days and nights, with headache, backache, thirst, restlessness, etc., with but few "bumps," fewer vesicles and no pustules at all. The following case will suffice to show the nature and character of the majority of cases seen and treated, tho a few cases were more violent, two cases having had secondary fever:

Man, white, aged 30 years, farmer, got up the morning of the 8th, feeling "sore all over, tired and aching;" at 4 p. m. felt much worse, symptoms aggravated, head and backache, legs hurting, temperature $102\frac{1}{2}^{\circ}$. The 9th, 8 a. m., no better; "eyes hurt;" temperature 103° ; 3 p. m., pains in back, head, legs and arms, very severe; eyes red, face flushed, thirst,

nausea, anorexia, slight cough, dry and hacking; general restlessness; temperature 105° ; 10th, 8 a. m., symptoms the same, but feeling a little better; temperature $103\frac{1}{2}^{\circ}$; 4 p. m., symptoms the same as previous evening, eyes watery, sore throat, complained of some difficulty of deglutition; temperature 105° ; 11th, 8 a. m., about the same; temperature $103\frac{1}{2}^{\circ}$; 4 p. m., the same as previous evening, tho more quiet; not so thirsty; temperature $104\frac{1}{2}^{\circ}$; 12th, 8 a. m., patient "feeling fine;" no soreness, no aches nor pains; perfectly quiet, wanted a little breakfast; temperature $98\frac{1}{2}^{\circ}$. Eight or ten little, red, hard bumps were around edge of hair on forehead and upon the face, three on one arm, two on the other, and one on the hand. These bumps were from the size of a No. 6 squirrel shot to a buckshot; 13th, 4 p. m., face almost covered with bumps, also more on arms and hands, several on neck and chest. Those that first appeared now began to vesiculate. This "breaking out" and vesiculation continued its course on down the body, legs and feet until the 19th, requiring seven days to complete the eruption. Vesiculation following in its due course of time, tho not all of these pimples formed vesicles, yet a large majority of them did. On the third and fourth days these first vesicles became flattened on top and depressed in the center (umbilicated), when pus would form, and about the sixth or seventh day scabs would form, tho the scabs formed much earlier in some of the pustules. Scabs would form in twenty-four hours on some few of the vesicles, when they would dry up, never forming pus at all. He had pimples, vesicles and pustules on him at the same time.

When the smaller pustules dried up and scaled off, there was left a white spot on the skin, but the larger ones left a pit or regular pock mark, which required from ten to eighteen months to become obliterated, and some of them remained after thirty months, and are there yet. The white spots are all gone in from thirty to ninety days. It required fourteen to fifteen days from first eruption to complete desquamation. Those who had been successfully vaccinated, and those who have previously had small pox, go among it with impunity, and so far as my knowledge extends, have never contracted the disease.

Patients are very sick for the first three

or four days, yet there have been no deaths from it in this vicinity, notwithstanding one old "nigger," on being asked how he felt, answered: "Boss, I feels des like I'se gwine right on to my Jesus." But the last account I had of him he had not met that divine character, nor do I think he will soon, if he ever does, for he has never paid my fee yet.

What was my treatment?

Oh, nothing but salts and in some cases sweet spirits of nitre; gave calomel in a few instances. Diagnosis, modified small pox.

J. P. PHILLIPS, M.D.

Yantley, Ala.

To Prevent Pitting in Small Pox.

Editor MEDICAL WORLD:—I notice a number of articles on small pox in February WORLD. I will here add my mite. To avoid pitting in small pox, the vesicles on the face should be opened, and the liquid contents evacuated before the vesicle becomes a pustule. The pus destroys the epidermis, causing scars. If the vesicle is emptied of its contents, no scar or pit will result. Mr. Henry L., living near here, had genuine small pox; the vesicles were opened and evacuated, and there is not a scar on his face. Other members of the family who had it at the same time, in which this was not done, are badly scarred.

WESLEY VAN NETTE, M.D.

Poplar, Ohio.

Early Diagnosis of Small Pox.

Editor MEDICAL WORLD:—Please tell us what is the earliest time that one may give small pox some claim before the eruption shows? What, at the present day, is the best method of disinfecting the house? How shall we disinfect clothing? The text books are silent on the first query, and somewhat behind the times on the last.

"X. Y. Z.," M.D.,

University Place, Nebraska.

[The books are silent for want of knowledge; one must make a provisional diagnosis from the following symptoms, signs and history:

(1) If patient has been vaccinated, how long since, and what is the condition of the scar?

(2) The pain in lumbar region is generally complained of more bitterly than in any other disease.

(3) Has the patient been exposed to infection? Question rigidly and persis-

tently on this; he may have traveled, and been exposed on street and railway cars, without his knowledge.

(4) Is there small pox in the vicinity?

Doctors, you must bunch guesses and ideas; there is no absolute method of diagnosing small pox before eruption, and even then doctors differ.

The house is best disinfected by formaldehyde. What will disinfect bedding and carpets will prove good in clothing. Every article in each room should be shaken loose or opened so that it may be fully exposed to the fumes of the gas. It is better to burn mattresses, books, and such other articles as might leave doubt as to whether every germ nest had been reached. Hang clothing loosely on racks, chairs, or beds. Pack all windows with paper or rags. When every room has been thus prepared, set your formaldehyde lamp going. Allow the fumes to remain in every room for six to twelve hours; then air the room; it will then be safe. White-washing the walls, repapering, soaking floors with bichlorid or carbolic acid solutions are all good in the homes of the poor. See that the county or boro pays the bill for disinfectants, which they can well afford to do if the doctor must lose his fees.—ED.]

After the above was in type, articles on "the strange disease" continued to come in so steadily that we allowed them to accumulate until nearly time to go to press, and then determined what to do with them. We concluded to put them in a slightly smaller type, and run them all in this issue, thus allowing a full and free expression, hoping that this will close the discussion. Heading for each separate article is not needed, yet a few original ones have been allowed to stand. We have now heard from nearly every nook and corner in the country. It is evident that small pox is, and has been, prevalent in a great many parts of the country, in most instances in an unusually mild form—so mild as to make the diagnosis perplexing. At the same time other exanthemata, of a more or less indefinite character in many instances, have also been widely prevalent. Our soldier boys returning from Cuba scattered to their

homes, in nearly every state. The name "Cuban itch" got started among the laity, and it seems to have been applied to every kind of breaking out that could not easily and clearly be diagnosed. Under all the circumstances, we can easily see how the name appealed, plausibly, to the public; and it is not strange that the expression, "Cuban itch," spread rapidly. However, it is our duty to diagnose accurately, and not fall into the popular errors of the laity.

Editor MEDICAL WORLD:—We had small pox here in November and December, 1899. We had *chicken pox* here in November and December, 1900. We have small pox here now, it having been brought here from the Delta about the middle of January of the present year. The disease was called "Cuban itch" in 1899, because no one died of it. It is called *small pox* now, because fifteen of the thirty-five who had it died. It is but justice to our county health officer and myself, however, to add that I pronounced the disease small pox in 1899, and he visited the cases and sustained my diagnosis. As the cases of 1899 were confined to the Boys' Home at the Bennett Academy, the outside world, the laity, knew very little of the sufferings of the unfortunate students, and, I blush to say, the physicians knew less. Two-thirds of the cases, perhaps, were very mild; but the other third took the regular "book-route." One young man and an old lady lost each an eye, and many toe and finger nails parted company with their erstwhile hale possessors. If I mistake not, Welch tells us (*American System of Practical Medicine*, Vol. 7,) that "it is only in extraordinarily severe cases that the nails sluff off." Altho these unfortunate people "rotted" in that "Home" for weeks, glued to their beds, suffering all the tortures of a "book-case" of small pox, the laity, and those physicians who could not be induced to see them, were crying—"Cuban itch!"

I know, Mr. Editor, that those people had *small pox*! I know that one year later we had *chicken pox*. I had it myself, as did two other adults in this section, and I don't know of a *white child* in this section that did not have it. *This was chicken pox.*

I want to be understood as talking about small pox, and not chicken pox, or "Cuban itch." We have small pox here now. My reason for thinking so is this: I understand, from either Bartholow or Welch, "that small pox is an acute infectious disease, characterized by an initial fever of about three days' duration, succeeded by an eruption, passing thru the stages of papule, vesicle and pustule, ending in incrustation, and leaving pits, or scars; the fever either intermitting or remitting in the popular, and increasing in the pustular stage." Now, Mr. Editor, if this definition of small pox has "past both Houses," this discussion is

entirely uncalled for. We find *every* symptom in this disease that is mentioned in the above definition. While a vast majority of the cases do *not* pit, a considerable number *do* pit. While a great many cases, especially discrete cases, do not have the secondary fever, a great many *do* have it. The mildness of the disease is what has caused all this confusion and discussion. As the "Cuban itch" advocates seem to rest their cause on this fact, let us see if the disease has ever prevailed, or does ever prevail, in a "mild" form. I will quote Welch (*American System of Practical Medicine*, Vol. 1, pp. 5195-20): "Conditions seem to exist at times more favorable to the spread of small pox than at others. For instance, at one time the disease is met with in isolated cases, and shows little disposition to spread; or if it spreads and assumes the proportion of an epidemic, the epidemic is small and *marked by unusual mildness*. At another time the disease rapidly spreads from a single case, and speedily assumes the dimensions and fatality of an extensive and malignant epidemic. This variation in the behavior of the disease at different times has never been satisfactorily explained" (*Italics ours*). Now, while I am no young bird, and do not always throw open my mouth and swallow everything that is brought to the nest, I am willing, however reluctantly, to concede that there *might* be a *possibility* that Welch and his "predecessors" *could be right* about this thing.

I have already remarked that some of the cases *do* pit. Now, as to vaccination. Eli J— contracted the disease about four weeks ago and has remained in the house with his family all the while. His entire family were vaccinated as soon as it was suspected that he was taking the disease. *Not one* of his family has taken it. He has a large family. I could cite numerous other instances in which vaccination has served its "legitimate" purpose. Indeed, I am far from being certain that it has failed in a single instance. Another thing I will mention. A young man returned from the Delta and developed small pox. The whole family, except the mother, had the disease. She nursed the family thru the disease. She had small pox during the Civil War, when a child.

W. J. Willingham has charge of the Boys' Home, at the Bennett Academy. Some thirty-five or forty of the inmates had the disease, and while the atmosphere in the vicinity of that Home was mellow with the stench of the disease, and while Mr. W. remained in the "thickest of the fight" as nurse, he stubbornly refused to have it. He had been successfully vaccinated. The P. M. at that place went thru with a like experience, he also having been vaccinated. They have also a Girls' Home at that place. The disease "struck" that Home. Not one who had been vaccinated took it. The matron of that Home nursed the cases thru, but could not be persuaded to have the disease. She had been vaccinated. Indeed, they "vaccinated" the disease out of that Home.

I have spoken "as unto wise men. Judge ye what" I have said. Until I shall have mastered the diseases which we have already,

I do not want the "boys" to introduce any new ones. I therefore protest against the introduction of this "Cuban itch." Until medical books become cheaper, I cannot afford to pay for a "distinction without a difference."

The disease described by Dr. McCampbell, of Mt. Pleasant, Miss., is not the disease which we have here at present. That disease visited us in December and January last. While a few adults had it, the children all had it. There is little similarity between the diseases. That disease came and went; then came small pox, and about 45 per cent. of the cases have died. Where there was fever at all, in the former disease, it appeared simultaneously with the eruption. In the latter disease there is a chill, or repeated rigors, followed by a fever, of variable intensity, and a violent head and backache, which is followed on (generally) the third day by an eruption, which passes thru the stages of papule, vesicle and pustule, and ends in incrustation and desiccation. Now, if the truth can be put in "cold type," the above is the course taken by the disease which I am trying to describe. We have had two distinct eruptive diseases in this section during this winter. As this is, or may prove to be a worse disease than some seem willing to admit, let no one attempt to "write it up" who cannot say: "I, John, saw these things!" If THE WORLD survives this article, certainly it (THE WORLD) will never "end."

A. C. GORE, M.D.

Hohenlinden, Miss.

Small Pox? "Nit."

Editor MEDICAL WORLD:—Will you let one from the wilderness go on record in this much discust question? In this land where the noble red man is standing naked on the brink of civilization, hesitating whether to don the breech clout or the boiled shirt, while the Goddess of Liberty is blushing at the performance; in this land of the outlaw, the Crazy-Snake Indian, the screw-worm and the Dawes Commission, the conditions are favorable for small pox to do business. Here we have the white, the red, the black and all intermediate shades of color and previous conditions of servitude, mixt up together. And like the poor, this prevailing disease has been with us a long time. It may all be well enuf for boards of health to diagnose, resolute, proclaimate and ultimate at a distance, but it goes on just the same. Seeing is believing; but feeling is the naked truth. I have seen more than 200 cases, under all conditions of sanitation, from the new born to the old and decrepit; from the unsaupt, unwasht negro in his hut, to the charming school "marm" in her cosy room, whose cleanliness touches the borders of godliness. I have seen it in the construction camp of our new railroad, where 150 negroes are employed. I now have twenty Indian children broken out with it in the mission school, where near 100 Indian children are kept day and night. Yet in all this we have had no deaths nor dangerous symptoms. Does this look like small pox? We have made no effort to restrict, confine or quarantine the thing. It has been as free to spread as the winds of

heaven. Surely we would reap the whirlwind in funereal processions if this be small pox. I once had charge of a small pox hospital, and of a truth the performance was entirely different then from this. There they were sick from start to finish. In the unvaccinated the fever was sometimes terrific; the face swollen beyond recognition; the itching almost unbearable; delirium in many cases, with death in about one-third of the unvaccinated.

The initial symptoms of this prevailing disease look much like a mild case of varioloid. Some fever, head and back ache for three or four days. Then the rash appears, and that is about the end of it, as far as the doctor is concerned. Not sick enuf to make a bill. It leaves no pits or scars. Vaccination does not modify it. It does not look much like, it does not act much like, it does not smell any like small pox, and the ending is a long, long ways off from small pox.

Sapulpa, I. T.

J. H. HOUSER, M.D.

Editor MEDICAL WORLD:—Having read the articles upon small pox and "Cuban itch" in your valued journal, I desire to add my testimony to that of other physicians as to the identity of the eruptive disease prevailing so extensively over the United States. Beyond any question, except that raised by the laity, it is small pox. No physician who has observed the disease in as many as ten cases can doubt that it is small pox, whatever doubts he might have had as to the first case. No medical writer since Hippocrates has described under another name any eruptive disease for which this could be mistaken in ten consecutive cases.

It is a contagious eruptive disease, with an incubative period approximating twelve days; a chill or chilly sensation followed by fever, more or less intense, with headache, backache, and vomiting occur in almost every case; the eruption occurs almost invariably on the third day, first upon the head and face, gradually developing over the body; the fever subsides as soon as the eruption appears, at which period the sick person expresses himself almost invariably as feeling perfectly well. The eruption is first papular, then vesicular, then pustular. The vesicles are umbilicated in many instances. There is a black speck in the top of the vesicle as it begins to assume the pustular character. The eruption occurs invariably in the palms and upon the soles as well as upon other parts of the body. In a vast majority of the cases the eruption is discrete, the three cases of the confluent variety have come under my observation. Did some one say it did not leave scars? If so, just agree to pay the photographer, and I will convince you to the contrary by sending photographs of some cases who will carry the marks for life. True it is that many cases, equally as characteristic in other respects, are not marked. Vaccination is a positivly preventiv. In four families consisting of from five to eleven persons, all exposed, I have limited the disease to the primary case in each instance by prompt and successful vaccination. No freshly vaccinated person has had the disease in even the mild or varioloid form in this community, where, per-

haps, first and last, we have had two hundred cases. On the other hand, very few unprotected properly exposed persons have escaped.

We have many negroes who live crowded together in cabins containing seldom more than one sleeping room for the whole family. The negro dreads vaccination and will lie to escape it, asserting that he has been vaccinated and almost lost his arm. He has little or no dread, however, of "Cuban itch," as they invariably call it, especially if he has prospects of being fed by the municipality during the attack and dismissed with a suit of new clothes. Those of them who have been recently successfully vaccinated have in every instance escaped.

At the risk of becoming tedious, I will, with your permission, relate a case in point:

On January 14, 1901, H. B., colored, called me to see his girl of fifteen years, who had been ill two days. Two weeks before she had visited a family in which her mother said there was a case of "dis 'ere Cuba itch." After examining her and finding the usual symptoms, I told the mother that the girl would break out to-morrow with small pox. With considerable difficulty I induced the mother to submit to vaccination, and to bring in for the operation the three little negroes who had fled to and hid in the cotton patch at the first mention of vaccination. These with the sick girl were all the family that were at home, the father and grown son being absent. On returning to town I met the son, and advised him to be vaccinated. He positively refused, and was told to stay at home. The father sent word he had been vaccinated when a boy. Some three weeks later I was called to see the son. He had *confluent* small pox in the pustular (maturing) stage, with violent secondary fever. He died next day. The father had an ordinarily severe discrete attack. The mother and three little children, upon whom the vaccination "took," have escaped unscathed, tho they have occupied the same room with the patients thru all stages of the disease. If this be "Cuban itch," God pity Cuba!

Let me say, while on the subject, that tho we have used none but the best lymph obtainable, and have taken all necessary precautions in rendering the site aseptic, we have still had many badly ulcerated arms, requiring from four to ten weeks to heal. One arm of this kind gives excuse to every person in the community who is averse to the operation, and several such make the doctor's path anything but a rose-strewn one. How can this be invariably prevented—can it? H. T. BYARS, M.D.

Caruthersville, Mo.

Editor MEDICAL WORLD:—The discussion on Cuban itch and small pox in the last two numbers was most interesting. I believe that it is small pox. Those not thinking so seem to base their belief chiefly on their observation that vaccination does not prevent it. Thus the old question seemingly will not down. What is the opinion to-day, based on personal experience of the general practitioner on the value of vaccination as a preventiv or modifier of small pox?

In Denver we are having the order of the health officers to exclude from the public schools children not successfully vaccinated, or not having made a recent attempt to have it "take," resisted by mandamus and other suits. Denver having been nearly free of small pox for many years, very few practitioners have personal experience to advance as to the use of vaccination, and don't wish to rely on tradition only.

The opposition claim that modern methods of sanitation and isolation prevent the appearance or spread of the disease, as is undoubtedly the case with other zymotic diseases, and that the effects of vaccination are imaginary save where they are evil. What do the doctors think?

Denver, Col. PERSIFOR M. COOKE, M. D.

If It's Small Pox, It's a New Kind.

Editor MEDICAL WORLD:—I have been practising medicin for about thirty years. I have seen and treated small pox. Now, if this contagious, eruptiv disease is small pox, it's a new kind, different from what I have ever treated or seen. There are about fifteen hundred inhabitants in this town. During the last year we have had about three hundred cases, without a single death from this disease. I have visited patients in all the different stages of the disease, and been careful to note all the different symptoms. The patient first is a little indisposed; he takes on a fever which, in some cases, is as high as 105° or 105½°; headache, backache, coated tongue and constipation, which are symptoms resembling old small pox. About the third or fourth day the patient breaks out with small, red spots, which soon raise and become round or oval bumps, which in about two or three days form small, watery blisters. In about from the sixth to the eighth day the papules begins to dry up and scale off. Instead of penetrating the true skin and leaving pits, it leaves oval shaped red bumps, and in a short time the bumps sink down on a level with the other skin, and assume the natural color, leaving no signs of having had the disease. There is no shot-like feeling under the skin before the eruption appears. I have never yet, in a single case, been able to get that peculiar smell that belongs to old small pox. I have never met with a patient that ever had the secondary fever that belongs to the old small pox. My observation has been, that as soon as the patient breaks out the fever leaves, and he expresses himself as feeling perfectly well, and has a good appetite.

I was called to see Mrs. A. She had all the symptoms. She had four children. I vaccinated three out of the four. All three that I vaccinated successfully had the "small pox," and the fourth one escaped. I have made several such experiments with the same results. Several families of six or eight would have this "small pox," and one or two would escape. I had two lady patients that were four and a half and five months in pregnancy. They were the worst broken out of any cases I have had to treat, and neither of the ladies miscarried.

While this may be a new kind of small pox, I

believe we all agree that it is a horrible, infectious and contagious, loathsome and nasty disease, and should be crushed out if possible. But with all our quarantine, it seems to continue to spread. Some of the M.D.'s seem to think, and even go so far as to say, "if all the doctors would call this the old small pox, we would have crushed it out long ago." Now, I would ask, what is the difference, so long as all agree that it is contagious and infectious?

Malad, Idaho.

J. D. MCATEE, M.D.

Editor MEDICAL WORLD:—This strange eruption has been prevalent all over this coast for two years. It was scattered over the country for months, not causing any excitement, hurt nobody, and finally crept into town when it was at once given the soubriquet of small pox. I objected, and still object, to calling such a frivolous eruption by such a horrid name, as it carries with it to the laity an idea of all the horrors of that dread disease, and ruins the business of the town in which it may be prevalent. With us it is a self-limited eruption, requiring no treatment other than a clean alimentary tract. I have noticed that those in the prodromal stage, if saturated, as Prof. Waugh says, with calcium sulfid, either have it very light or not at all. We are full of it out here, and no attention is paid to it any more, people have learned not to dread it, and scout at the idea of its being small pox. We call it "nigger itch" for short.

I dry up successive crops of boils out here, every time, with from five to ten grains of calcium sulfid a day. Cleanse bowels with a teaspoonful or more of the following (a favorite of mine), as required, in a glass of hot water before breakfast:

Soda phos.	.90
Soda sulf.	.60
Kali iod.	.4

M.

Heppner, Ore.

E. R. SWINBURNE.

Editor MEDICAL WORLD:—I have been very much interested in the discussion going on anent "Cuban itch," impetigo contagiosa, small pox, etc., and find that even in far off Canada they are wrestling with the problem even to the clashing of physicians and the dignitaries of the health boards. Now, Mr. Editor, I will advance an idea not yet touched upon in the discussion, even tho, to use an ordinary expression, I should "put my foot in it." If so, I hope you will let me down as easy as possible. I believe the present epidemic to be modified small pox—modified and rendered less dangerous by the immunizing protection of one generation on another by vaccination. You can put this assertion in italics if you wish: *Up to the year 1800, before vaccination became general, no family in Germany, France, etc., ever escaped without one or more members of the family having small pox and being pockmarked thereby.* That is not the case now. Why? Immunization! Then, too, look at the number of people imperfectly vaccinated. If this idea be tenable, then the phenomena discuss in your journal may be expected to be repeated as

the world gets older. Time will tell. But it may be asked: Why, if this be true, do we still at times have genuine epidemics of small pox? I answer, owing to the spasmodic and erratic system of vaccination in this country. During or after an epidemic we rush vaccination only to lapse for months and years when the neighborhood is free from the trouble.

Milwaukee, Wis.

G. SCHMIDT, M. D.

Editor MEDICAL WORLD:—To read the articles in THE WORLD for February and March, on "Cuban itch," gives me a pain for which I find no remedy so effectively as expressing myself.

During the winter of 1899 and spring of 1900 we experienced an epidemic of the "what is it." It appeared in very mild form among the negroes of our little city, from whence it was soon spread thruout the place. After being bothered with this unknown monster for two months (for the profession were as much disagreed as the laity), the board of health called before it every physician in the city, and the result of the meeting was disagreement; and even abuse and slander were thrown on those few who knew it as small pox. But later on, when some of our best citizens died of this loathsome disease, a new board of health was appointed, which, I am glad to say, did nobly and did well.

We established a quarantine, isolated all patients in small pox hospital, vaccinated those who had been exposed, fumigated all houses in which the disease had been, burned those which would not hold the fumes, and what was our reward? We started the crusade with two hundred cases of small pox, one thousand infected houses to fumigate and twenty to burn, and in sixty days we had accomplished our desire—no small pox, no "Cuban itch."

In our battle with this disease, not one of our physicians nor assistants who had been successfully vaccinated within the past five years was ever affected. I will state further, that during my work I did not find nor hear of a small pox immune having this so-called "Cuban itch."

Now, what shall be our conclusion?

1. We know of no such disease as "Cuban itch," nor have we authority that such ever existed.

2. We have seen from the infection of very mild cases of "Cuban itch" (so called) develop in the one exposed typical malignant and hemorrhagic small pox.

3. We recall a family of seven which had been exposed to "Cuban itch"; vaccinated day after exposure; six vaccinations were successful; the other had small pox.

Now it is a fact (the courts hold) that a horse may be fed on hay and corn (which is personal property), yet his fecal discharges are termed real estate. But I can't see how any physician who gets his knowledge from a medical library can sow the seed and germ of "Cuban itch" and reap small pox in an abundance.

Jonesboro, Ark.

L. W. COPELAND, M.D.

Editor MEDICAL WORLD:—The discussion on "Cuban itch" in the last two numbers of THE WORLD interested me greatly. But the arguments (?) and proofs (?) submitted by some of the self-claimed mental giants seem far from conclusiv to me. Epithets such as "Mental Dwarfs," "Empty-headed M.D.'s," "Incompetents," etc., are mighty thin arguments. The effervescence of our Kentucky friend is a particularly lame proposition. If all cases of fever, accompanied by a vesicular or pustular rash, that are contagious, are to be called small pox, we may as well call every case of abdominal pain appendicitis; and every case of pyrexia, typhoid fever. If our text-books are of less consequence than the mere opinions of imperfectly informed practitioners thruout the country, we may as well do without them and save our money. But the text-books must be taken for authority until proven in error. Permit me, therefore, to make some quotations from them, and relate a little personal experience bearing on this subject:

Anders' Practice of Medicin, article Variola: "The onset is sudden and accompanied by characteristic signs. These are, a *severe rigor, high fever, headache, and intense lumbar pains*. [*Italics not mine*]. * * * Each pock passes thru the various stages noted in the pathologic description, viz.: papule, vesicle, pustule, and scab; and when the stage of pustulation has been reached, a secondary fever develops. Eruption appears as slightly elevated macules; at end of forty-eight hours they have developept into papules, accompanied by itching and burning of skin surface. They feel like shot under the skin. At the end of third day (sixth of disease) the conical apices contain liquid (vesicles). In three days the vesicles become pustules. The scab forms about the ninth day.

"There are varieties of small pox that pursue an abnormally mild course. Of these, varioloid deserves first place. The initial symptoms of varioloid *do not differ, either in character or severity* from those of true variola. But when the regular eruption appears, the fever falls to normal and remains there. Pustulation rarely takes place for the reason that resolution takes place, as a rule, before the latter stage is reached.

"An abortive form is characterized by the *great intensity* of the invasion symptoms, but these promptly subside, and the patient enters at once upon a stage of speedy recovery.

"An exceedingly mild type may arise during an epidemic, either *with or without a scanty eruption*."

Other authorities, such as Gould's Cyclopaedia, DaCosta's Medical Diagnosis, etc., agree in all essentials with this description.

The case described by Dr. Moorhead was, no doubt, a case of small pox; but that does not prove all cases of so-called "Cuban itch" to be the same. I now have under observation two cases: one of small pox, or rather, varioloid, which, as Anders says, is a mild or modified form of small pox. I saw him on the second day after he had had a severe chill. He then had a temperature of 104°, and complained almost constantly of the "awful" pain in his back. The eruption appeared the following day

and was distinctly papular, hard and shot-like. These later changed to vesicles which became slightly pustular, then quickly dried up with very little crusting. No secondary fever. Itching and burning of surface was much complained of.

In the other case, while the eruption was much more extensiv, and went on to profuse crust formation, the character of the disease was entirely different. There was first a slight chill followed by moderate fever which disappeared on second day. He felt entirely well thruout the remaining stages of the affection. Second day after chill, the rash appeared on lower half of face in the form of vesicles and gradually extended over face, body and extremities. The vesicles changed to vesico-pustules and then formed crusts; some were yellowish in color and others were brown. Scarcely any itching and burning of surface was noticed, and there was no secondary fever. This is the so-called Cuban itch—in reality, impetigo contagiosa. I first saw the affection three or four months ago. My three-year-old boy brought it with him from Illinois; it later developept in the three other children. My wife informed me that the doctors in Illinois called it Cuban itch. An anti-septic ointment was used and they all recovered in about two weeks. It did not spread further, altho no attempt at quarantine was made. These cases, as well as the one described by Dr. Hall (in February WORLD, pages 52 and 53), are accurately described in Shoemaker's work on Diseases of the Skin, from which I quote, that comparison may be made with Dr. Hall's article:

"*Impetigo contagiosa* is an acute, inflammatory, contagious affection, characterized by the development of isolated vesicles, blebs, or vesico-pustules, which dry into slightly adherent crusts.

"Symptoms: The disease is generally ushered in with mild febril symptoms. The eruption appears as small isolated vesicles, or blebs, which soon increase in size and become transformed into vesico-pustules or pustules. They may appear simultaneously or in successiv crops. In the course of a few days they dry into yellowish and slightly adherent crusts beneath which some slight excoriation exists. The crusts soon fall off, leaving an erythematous surface, which also in time disappears. Subjectiv symptoms are generally absent, but there may be at times slight itching. The affection, in the majority of instances, attacks the face, head, arms and hands, but it may appear on other parts."

To quarantine families for this affection, subjecting them to financial loss and other inconveniences, is nothing less than an outrage, altho it may be proper to isolate persons who have the disease.

University Place, Neb. O. C. MASTIN, M.D.

Editor MEDICAL WORLD:—Last November a young man who had been visiting in Colorado was taken sick at a hotel here. In a few days an eruption appeared, which soon became pustular, and was distributed over the entire body. His temperature, which for several days imme-

diately preceding the eruption had continued about 104°, suddenly dropt to normal. Within fifteen days scabs were formed, and the patient was on the street. He went from here to his home in a neighboring village, where he was quarantined and a state expert sent for, who, after a very thoro examination, pronounced it a genuine case of small pox. Within ninety days following his departure quite a number of similar cases appeared here, one of which I shall briefly describe:

The patient, a bright little girl, ten years old, who had not been vaccinated, was taken on the evening of February 16. I saw her first on the following day, and found her suffering from slight headache, severe aching of limbs, occasional vomiting and a temperature of 104°. The symptoms continued with more or less severity, the temperature at times reaching 105°, until the morning of February 19, when the eruption began to make its appearance. The first appeared immediately under the right eye, and was soon followed by others over the face, and then other parts of the body, so that by the evening of the 21st the eruption was complete, and all parts of the body affected. The pustule, when fully developd, is conoidal in shape, with a slightly inflamed base, while the surrounding skin has a healthy appearance. On February 25, scabs began to form, and by March 1 pus had entirely disappeared. Temperature dropt to 102° on the appearance of the eruption, and when this was fully developd her appetite was fairly good and temperature very little above normal. After the appearance of the eruption there was no suffering of any kind except from itching, which at times was very annoying.

With this very short and incomplete history of a typical case, I submit the question, *what is it?* and hope some of your numerous readers will be able to answer, at least satisfactorily to themselves. For myself, I can only say that it is not a dangerous disease, will, finally, leave no scars, and, experts to the contrary notwithstanding, is *not* small pox. S. SCRUGGS, M.D.
Clay Center, Neb.

Editor MEDICAL WORLD:—During a two years sojourn in Cuba, Central and South America, I never encountered any such thing as "Cuban itch," and I am convinced it does not exist. It is utter folly to term the present small pox epidemic "Cuban itch" or any other itch. The present epidemic of small pox is identical with that existing among the natives in the Philippines. I have seen infants in arms and men and women in the public markets in Manila with the precise rash and train of symptoms as in cases I treated here this summer. When the American soldier became infected with the Philippine virus it assumed a most malignant phase and was terribly fatal. Four out of five boys in my own company who went to the "pest house" never returned. This is genuine small pox here minus the malignant symptoms. The treatment in the Philippines was expectant and supportiv. I saw it very successfully treated in the De Lesseps Hospital in Panama, South

America, with Donovan's solution internally and baths of permanganate of potassium.

To Dr. Hurd (page 71): There is no Manila fever unless it is the malarial type as found in all tropical countries. Twenty to thirty grains of quinin every four hours night and day during whole course of fever was the routine treatment. Any less of quinin was useless, and the large doses did not "jar" there any more than five or six grains here. Tropical dysentery treated with calomic lavage of nitrate of silver and sixty to one hundred and twenty grain doses bis. subnit. four to six times daily. Large doses? Certainly, but the patient recovers and that is the result you are after.

I am convinced the position of the MEDICAL WORLD on the Philippine question is absolutely wrong. I was in the Philippines over a year and helped dress down the Spaniards at the battle of Manila, and fought the insurgents for months afterwards. I also scrapped against the same breed of alleged patriots (patriots for revenue *always*) in Central and South America, and I know the stripe mighty well. The Administration has erred in one way only. We have injected too much Christianity and too little lead into those fellows. I could write a volume to sustain my contentions, but will state just one fact, and I want every "anti" to set his "nut cracker" to working over it. In every Spanish-American country there is a vocation little understood here, that of professional revolutionist. It is highly remunerativ—the stakes always big and loss nothing. I was a professional revolutionist in Central America and know what I am talking about. Aguinaldo and his ilk belong to that class. We will never pacify the Philippines until we put the professional revolutionists out of business for good. General Weyler (Governor General of Philippines for four years) understood his business when he lined up the "patriots for revenue" and made good Indians of them. The Administration does not understand its business when we give the insurgent thirty dollars for his rifle and pat him on the back and tell him to be a good boy and go back to his farm. He goes—straight back to the insurgent lines as fast as his legs will carry him. But the Administration is slowly getting "wise," and I have hopes for the future.

Hanley Falls, Minn. W. M. BECK, M.D.
[We welcome all information and news based on observation and experience.—ED.]

Editor MEDICAL WORLD:—Utah has its share of small pox, and is having it yet. The writer has observed and treated about 130 cases since last August. In 1889 an epidemic in New York resembled this, except that that epidemic was more fatal. Umbilication, when it exists, is not always observed, and those of the writers to THE WORLD who state that the umbilication was not present would probably have said the same in any epidemic. There is a primary and a secondary umbilication, and between times the pustule is rounded. The text books state this clearly. It is folly to question the fact of this epidemic being anything but small pox. In times past, small pox has not

always been the awful disease that those unfamiliar with it have supposed. Still there is no questioning the fact that the variola of the last year has been mild. It has been quite fatal among the Indians of Utah, and pitting is not at all uncommon. In every epidemic of small pox and other diseases there are always some doctors that question the diagnosis. How about yellow fever? Then again, haven't we all seen mild epidemics of typhoid, and then those more prolonged and fatal? Without the microscope is it not pretty difficult to say what is and what is not diphtheria? Why then should not small pox have its variations? Utah is becoming famous because her "fool" Legislature passed an anti-vaccination bill which her good common sense Mormon Governor vetoed. C. E. BOYNTON.
Sandy, Utah.

The Dose of Strychnin.—A Skin Disease.

Editor MEDICAL WORLD:—In answer to A. C. Garr, M.D., Hohenlinden, Miss., will say that I have given 1-64 of a grain of strychnin every three hours for weeks. I had a patient come from Cincinnati, Ohio, to whom I gave three grains of strychnin in a sixteen-ounce mixture, of which he took a teaspoonful every three hours until the whole of the sixteen ounces were gone, and he did not die, but gained in weight and strength. He weighed 115 pounds when I first began to treat him; had a letter from him four months after first beginning to treat him, stating that he weighed 153½ pounds. Also have a patient who was brought to me on a mattress from the interior of Canada, who could not be taken from the baggage car to the ambulance in a wheel chair, but had to be taken on a stretcher. Was supposed to have a floating kidney, etc., but had her kidneys in the proper place. She took strychnin sulfate, grain 1-40, at least 300 such tablets, one every three hours, with an occasional let up for a week, with the result that she is well and happy to-day. Her condition was one of debility, complicated with stomach trouble. Also was wearing a pair of glasses that did not fit her. She had a great deal of trouble with the muscles of the eyes, and an astigmatism, and was quite hysterical and extremely nervous, but is well to-day and doing her own work in a farmhouse. Most doctors are too much afraid of strychnin. I would rather have it than any other drug in many debilitated troubles.

I do not believe that the disease called Cuban itch is small pox or modified small pox. I have had some ten cases of it during the past year, and all the cases I

have had have only affected the face, neck and head. A barber shop in my immediate neighborhood is turning out the most of my cases. I had one patient who gets shaved at this shop who infected his son of eighteen years and his wife. The rest of the household escaped, some four in number. I also got a slight dose of it in this same shop. A small scab on my chin was the first that I discovered. It was very small, and was so tight that I could scarcely pick it off. There was no discomfort before removing the scab, but the moment it was removed it began to burn and itch, enuf to keep one busy, and there was a sticky, mucilagenous discharge that burned and excoriated the cuticle. This discharge, when brought into contact with any other part of the face, would produce the same kind of a scab, which, when again removed, would cause the same symptoms all over; so it spreads until the whole face and neck is covered. I have not seen any of these scabs on any part of the body, only on the face, neck and head.

One writer says: "Those who have had small pox do not have the Cuban itch." This is not so. I have had two cases that have had small pox; they also have had the Cuban itch.

My treatment is: Hyd. ox. flava., gr. xl; glycerin gtt., xx; vaseline, oz. 2. Sig.—Use morning and night. Keep water and soap away from the face and keep the finger nails away from the scabs. Also be careful not to rub the face, as the serum will cause the whole face to be infected if brought into contact. I confined my own to two spots. Most of my cases were quite bad. None of them were sick in bed, and none of them had any headache, backache or fever; the only thing they complained about was the itching and burning.

Probably some of these cases which some of the writers describe as Cuban itch is actually small pox, as I see by their writings that they have all the symptoms one would have in small pox. Apparently the cases are modified cases of the disease; but what we in Detroit here designate as Cuban itch is entirely a different thing from what some of the writers are describing.

Keep up the discussion until we know just what it is. W. J. BRAND, M.D.

Detroit, Mich.

[This is evidently a skin disease, not a

constitutional disease, and does not belong in the Cuban itch-small pox discussion. There seems to be a disposition in many parts of the country to call any strange breaking out "Cuban itch."—Ed.]

Gelsemium in Grip.

EDITOR MEDICAL WORLD:—In the March number of THE WORLD, on page 96, Dr. J. H. McCartney writes as follows: "Some time since you requested me to state my method of treating grip. I will say that only poisonous doses of gelsemium will abort and cure it, and do it every time."

Now I beg to differ from the Doctor on this "every time" business, in the treatment of grip or any other disease. No one remedy can cure all conditions of any disease. The patient may live in spite of the doctor and the remedy. With high fever, flushed face, contracted pupil and headache, gelsemium should be the remedy. Now for another condition of grip: The patient has a dull, expressionless face, pupil slightly dilated, pulse from forty to fifty per minute, and a congestive headache. Now is it possible that Dr. McCartney would give gelsemium in this condition of grip, or any other disease? The first remedy I should think of would be belladonna. Other remedies would be indicated to support the heart. Heat should be applied to the surface of the body in the congestive form of the disease, and strychnin given in small doses.

Warren, N. H. F. L. GERALD, M.D.

Reply to "Homeopathy in Grip."

EDITOR MEDICAL WORLD:—I am but a recent subscriber for your excellent journal, and I frankly confess that I get but little from it that I can use on therapeutic lines. But I like the journal just the same, on account of the spirit of fairness and liberality manifested by the Editor.

I do not subscribe to Dr. A. P. Bowie's idea that "it is very amusing to read your treatment of grip." By this expression the Doctor intimates that your treatment is not the best thing to do for grip, and hence you are not treating the victims of that disease (or any other, for that matter) in the most scientific and successful manner. Being a homeopath of homeopaths I subscribe to this latter proposition, but I really do not see anything "amusing" in the failures of any physician who honestly tries to heal the sick. I do not

think that Dr. Bowie meant quite what he said. He knows perfectly well that all honest physicians are trying to do their best for their patients, and our duty to the profession at large, if we have found a better way, is to do as the Editor has indicated in his reply: "Publish your treatment, giving details and cases."

I was not always a firm believer in the law of similars. I left college but half grounded in the faith. I alternated and compounded drugs, and I fear that I consulted the U. S. Dispensatory oftener than I did our own materia medica. But there came a time when I leaped in a single hour into a light that has been of wonderful assistance and comfort to me in my efforts to heal the sick. It was by no process of abstract reasoning that I came into a knowledge of the truth, but by that most satisfactory and convincing of methods—bedside experience. I will close by saying that if the Editor and readers of this journal care to know "the reason I have for the faith within me," I will gladly write one or more articles on that line. I have no axe to grind, and am prompted only by a desire to do what I can for those who are seeking to know the truth.

Napa, Cal. S. E. CHAPMAN, M.D.

[Doctor, by all means, send us the truths that have helped you most. If they will also help other brethren, we will accomplish what all should be driving for, mutual helpfulness.—Ed.]

Homeopathy and Grip.

EDITOR MEDICAL WORLD:—In February WORLD Dr. Harrold, of La Grange, Ky., says that for the past twelve years he has been using some of the eclectic and homeopathic treatment in his practise, and proceeds to give his mode of treatment in pneumonia, which I infer he claims to be homeopathic. If so he is very much mistaken. No homeopath would ever combine aconite and bryonia and call it a homeopathic prescription, for their actions are so different. Aconite has a violent, active congestion; in bryonia it is the opposite, passive. Am always glad to see anyone venturing on homeopathic grounds. Nothing will pay them more, when they understand how to apply the law of cure. If Dr. Harrold will get Dr. Allen's (Chicago) Keynotes, and apply the remedies accordingly, he will get some marvelous results.

Your article on the grip in February number was read with interest until you

said "dosages must be heroic." Right here we had to "part company." I am not an advocate of "heroic doses" in anything (unless antidoting a poison). Select the remedy with the proper care according to the *law of similars*, and the sequelæ and complications will not be serious nor "the mortality frightful." We treated more than 100 cases here in January, and not a single case relapsed into pneumonia. The remedies used were gelsemium, bryonia, phos. and sac. can., according to indications. G. F. THORNHILL, M.D.

Paris, Tex.

Homeopathy in Grip.

Editor MEDICAL WORLD:—The above is the title of paragraph in March WORLD (p. 105), by Dr. Bowie, Uniontown, Pa. Your footnote invited him to write an article on the homeopathic treatment of grip. At the risk of having my communication thrown into the basket for answering when not address, I give some thoughts on the subject. There is no homeopathic treatment for grip, nor for any other ailment so far as the name of the disease is concerned. Each patient must be treated as an individual separately and distinctly from any other patient. All his symptoms must be taken from head to feet, including the mental symptoms, if any change is noticed in mind or disposition; in writing, take care to *underscore all the symptoms peculiar to the particular patient under examination*. Be very particular about this. Diagnosis should not be ignored, but all the skill of DaCosta, Pepper, Loomis, Flint and the rest of the great diagnosticians of the world combined will not avail you anything if you do not take the case properly. Diagnosis enables you to name the disease. I aim to assist you to cure the patient. Diagnosis, by enabling you to name the disease, suggests to your mind a group of remedies, one of which may be called for in the treatment of a case. Careful case-taking prepares the way for the accurate selection of the single remedy for the case under consideration. Having taken the patient's symptoms, history, both personal and family, his temperamental peculiarities, etc., you are ready to try your skill in selecting his remedy.

To select a proper remedy for a patient, a certain amount of knowledge must be possessed by the prescriber of the symptoms medicines are capable of producing

on persons comparatively healthy. This is pathogenetics, or a knowledge of the disease-producing power of drugs. From the prescriber's stock of knowledge, he selects a remedy having the power to produce in a healthy individual symptoms similar to those with which his patient suffers. The remedy, to be accurately suited to him, must be capable of producing all the symptoms with which he suffers. The more nearly the remedy selected fills this requirement, the nearer the cure will be a perfect cure. The names of remedies prescribed successfully to patients suffering with grip would be of no use from a homeopathic standpoint unless the prescriber give strict attention to the rules I have laid down. If I have ten patients, and all of them have such a train as to justify a good diagnostician in saying they have the grip, and one of them has peculiar symptoms that the others do not have, he needs a different remedy from the others. This is emphatically true if it is peculiar to him as an individual in all kinds of sickness with which he is from time to time afflicted without regard to the name of the disease. When you cannot find a remedy that will match all the patient's symptoms, select the one that most nearly matches them all, taking extreme care to see that it matches the symptoms that are *peculiar to the individual* for whom you prescribe.

Remedies.—In the acute stage, after catching cold in dry, cold wind, patient restless, anxious, skin dry and hot, the remedy most likely to be indicated is aconite. If you are unacquainted with potencies, you may dilute the officinal tincture with nine drops of alcohol to one of the tincture, and you have the first decimal potency, of which you put five to ten drops in half a glassful of water, and give to an adult a teaspoonful every ten or twenty minutes until relieved. Then increase the intervals between doses, or better yet, stop all medication while improvement lasts.

This treatment often cuts short the whole trouble—nips it in the bud—especially when aconite is indicated by every symptom, and the potency is high enuf. Bryonia, eupatorium, camphor and many other remedies are used. Probably Dr. Bowie will give the indications for them.

J. S. WATT, M.D.

Professor of Hygiene and Sanitary Science, Hahnemann Medical College, Kansas City, Mo.

Phosphorus for Grip.—Calcium Sulfid.—Suffocativ Catarrh.

EDITOR MEDICAL WORLD:—In compliance with your urgent advice to "read more, think more, write more," I would like to say that I have reason to believe that phosphorus, either alone or in combination as a phosphate, perseveringly administered, all excesses being avoided, tends to ward off la grippe. Believing depression of the ganglionic nervous system was necessary before the poison, whatever it may be, could show itself, I persistently experimented with various preparations of phosphorus. For the last three years I have depended upon phosphorus, or strychn. phosphate, in full doses in the form of pill, and am satisfied with results when the remedy is continued long enough.

As to calcium sulfid, I know nothing of Munson and his tropical diseases, but if you have quoted him correctly when you make him say "calcium sulf. is valueless in boils," without qualification, he is making a statement too broad to be consistent with true science. I have been prescribing it for many years. When I meet the true boil with inflammation violent enough to form a core, I expect calc. sulf. to cure; when the inflammation is less violent, as in carbuncle, I put my trust in silica x^3 , and would not expect calc. sulf. to succeed; when the inflammatory action is of still lower grade, I put my trust in echinacea, and would not expect either silica or calc. sulf. to succeed.

As to suffocativ catarrh, I am free to admit that I have never differentiated a case at the bedside from what we used to call capillary bronchitis, which Osler now calls broncho pneumonia. After reading your description of suffocativ catarrh, recalling what I have seen of capillary bronchitis, and reading Osler's description of broncho pneumonia, I do not feel competent to follow your advice and "carefully exclude every form of pneumonia and bronchitis."

As you are aware, I am neither a homeopath nor an eclectic, but if you want a remedy for the condition described, I have clinical reasons for believing you will find a specific in 1-100 of a drop of wine of antimony every hour until satisfied with the improvement. Should the improvement come quickly, please don't regard it as a coincidence and never try it again. And don't forget that when I

write 1-100 of a drop I mean 1-100 of a drop, and not 1-10, 1 drop nor 10 drops.

GEO. M. AYLESWORTH, M.D.

Collingwood, Canada.

Diphtheria.

EDITOR MEDICAL WORLD:—What can old practitioners think of "Treatment for Diphtheria" in March WORLD, page 116? and what kind of a guide for young ones? A dose every twenty minutes and a spray or gargle every half hour during course of disease! If it is true that we can live longer without food than without sleep, how does this prescription fit that fact? The Doctor says under this plan he has not lost a patient in fifteen years. Now what is the per cent. of recoveries to the whole number treated? There have been periods of time when I haven't lost a case of diphtheria because I did not have any such cases; but under this plan I submit, no one need to lose cases—from diphtheria.

JOHN SABIN, M.D.

Coeur d'Alene, Idaho.

For Chilblains.

EDITOR MEDICAL WORLD:—As I have never seen the follow $\mathcal{R}$ for chilblains in any journal, I wish to give it to you for the benefit of your numerous readers:

$\mathcal{R}$

Spts. camphor 3ij

Plumbi acet. 3j

Sig.—Apply two or three times a day.

For forty years this has permanently cured every case in which I have known it to be used. It relieves at once, and cures after a very few applications.

S. Chicago.

F. N. BENSON.

Plugging Nostril.—Cerebro-Spinal Meningitis, Etc.

EDITOR MEDICAL WORLD:—In answer to Dr. McCampbell on plugging the nostril with the finger of a lady's kid glove, I would say that I think it would have to be a very bad case before the lady would consent to have a finger cut off her glove; and don't you think, Doctor, that in these germ times it would be safer to use a strip of iodoform gauze than an old glove finger? Try it.

To start the ball rolling for Dr. McCampbell on treatment of cerebro-spinal meningitis, let me suggest that desperate diseases require desperate treatment. Push calomel, sedatives, and antispasmodics, regardless of the amount. Apply

ice to the head and the spine, and heat to the extremities. Darken the room and keep it quiet. Prescribe a liquid diet, and give all the ice-water wanted. Atropin, cicutin and hyoscyamin are the best antispasmodics. Unload the stomach in the beginning if necessary, with an emetic, and the bowels with an enema.

In answer to Dr. Munroe, on sacro-coccygeal pain, I would say that you have a surgical case unless it can be cured along these lines: frequent blistering with iodine; rest. Internally, calcium sulfid, seven grains a day till saturation, iodid of arsenic, with free use of the reconstructives, calcium hypophos. and calcium lactophos., keeping the bowels open with phos. sodium.

The safest and best thing that Dr. Graves can use in hypertrophy of the prostate gland is euophen-aristol with petrolatum, put up by the Abbott Alkaloidal Company, of Chicago, Ill.

New Iberia, La. CONRAD E. COOK, M.D.

Cerebro-Spinal Meningitis.

Editor MEDICAL WORLD:—I see in your March number a request for treatment of cerebro-spinal meningitis. I have had good results with the following: First give full dose calomel until bowels move freely. Then give 10 grains of iodid of potassium, dissolved in water, every three or four hours, until there is a feeling of contraction in the throat. Then stop, and repeat if necessary, until symptoms disappear. I give bromid of potassium and gelsemium between times, every three or four hours, as indicated. I also apply a fly-blisters from nape of neck the full length of spinal column, about two inches wide, and as a tonic during convalescence, elixir quinin, iron and strychnin. The above has proved good in my hands. Try it and report. M. L. DANIELS, M.D.

Pawnee Rock, Kans.

The Sex of the Coming Baby.

Editor MEDICAL WORLD:—In the March WORLD, page 108, Dr. McCutchin gives his rule for naming the sex of the anticipated baby, and since nature's scheme provides for about an equal number of boys and girls, it follows that he will necessarily be correct half the time. If he will adopt the following rule his success will be greater. Rule: Count the last menstrual as one, and then count the periods up to the date of expected confinement. If the sum is an even number, the sex of the child will be

opposit of the preceding child. If it is an odd number, of the same sex. The rule is based on the theory that ova capable of being developed into male and female embryos mature alternately. Obviously it cannot be applied to first pregnancies, and there will occasionally be exceptions, as of women who bear a large family of boys and no girls, and vice versa.

A like idiosyncrasy is observed in animals. Neighbor T. had a little flea-bitten mare that for six consecutive years dropped a black male foal. Each had a different sire, and none of them were black. Neighbor H. had a bay mare that for four consecutive years dropt a female foal, each of them by a different sire, and each foal was the color of her sire, a black, a sorrel, a bay and a grey. Both mares were accidentally killed before sexual sterility was reached.

It is believed that all birds that lay and hatch but a single egg in a season alternately hatch a male and a female. Personal observation has convinced me that all of our native birds that lay but two eggs and then hatch them, the chicks are always a male and a female. It is vastly more difficult to keep track of four young birds than it is to keep track of two, so I may be mistaken in my belief that among birds that lay but four eggs for a brood, the rule is the same as it is with the barnyard fowl and the prairie chicken, i. e., in the first brood of the season males predominate, and in the second brood females predominate; but the hatch of the season makes them about even.

San Diego, Cal. F. R. MILLARD, M.D.

Determination of Sex.

Editor MEDICAL WORLD:—If the mother does not "invite offspring" before the "ninth or tenth day after menstruation," as suggested by Dr. Whitney (February WORLD, page 66), there would be in many, very many cases, no offspring to respond to the invitation, as the ovum would have past to the world before cohabitation took place. I have not much confidence in the theory advanced by the Doctor, as my experience has been quite to the contrary.

One instance that comes to mind as I write is the case of a lady who was the mother of three children, two boys and one girl. Owing to peculiar circumstances, cohabitation took place each time within three days after menstruation.

Wyoming, Del. DR. J. H. THOMAS.

Sterilization of the Male.

Editor MEDICAL WORLD:—Regarding the sterilization of the male, I wrote to THE MEDICAL WORLD proposing that treatment for criminals some two years ago. My treatment is painless. It consists of one grain of cocaine injected into the body of the testicles once each week for two weeks. I use half the solution to each testicle. Before using it I seize the testicles and penis and bandage at the base of the organs with a folded rubber bandage till nearly all circulation is stopt; then I force the needle to the body of the testicle, force out a drop or two of the liquid, wait a moment and then drive it half way thru and force half a syringe full into it; then I repeat same on the other side. After ten minutes I ease just a little the bandage, and in twenty minutes the danger of all toxic effects of the drug are past. I find that the suspension of the production of spermatozoa is at once followed by absorption of the prostate gland, which shrinks till it is smaller than normal in a healthy male; at the same time all distressing symptoms subside. This operation, while it sterilizes the male, does not reduce his sexual desires; in fact it seems to increase and prolong them. I performed the first of these operations in 1891. Dr. Ford seems to have obtained the same results in a different way.

Topeka, Kan. S. E. McCULLY, M.D.

The Sexual Impulse.

Editor MEDICAL WORLD:—In the human male, as in all animal life, there is a desire to propagate, and to fill the earth with species of its kind. That such a desire is displayed by nature for a wise and good purpose, there are abundant reasons for belief. Nature in her generosity toward man, has placed this desire first. It is above all others. Thru it the real objects of life come. Our greatest joys, satisfaction, and success are measured by it. It is the foundation of manhood and character. All else is secondary and transient as compared with it. Understanding of the sexual impulse is information that many may seek. It is knowledge that should be dispensed generously.

What constitutes normal sexual desire? How is man to distinguish it from the pseudo-desire? How shall he know when it is well to copulate and when it is injurious? We believe the sexual desire in man is governed by as natural laws as are the

desires for food, drink, rest, exercise, etc., that the discharge of the spermatogenic fluid is as essential as the disposal of the accumulated product of any other organ; that in the exercises of the genital functions there are natural impulses dictating as strongly as in other features of physiologic laws. Much satisfaction comes thru the understanding of sexual need, with normal gratification, and our greatest disappointments follow abuse of these functions. The sorest wounds that afflict society, and domestic strife and unhappiness are measured by these relations. Unfortunate no doubt, but nevertheless true, that love has its most substantial foundations and constant abiding place in these unions. Where gender finds mutual content, there is no incompatibility of temperament; no discontent where man and wife have adapted themselves to each other; where each one has been reared strictly and in accord with natural and correct teachings; when they have exhibited thru birth and environment a proper evolution and development of moral sexual strength. Here they find their greatest pleasure, each in the other and in the affairs of mutual concern. It is here that sexual enjoyment is complete, both receiving that full gratification of nature's wants.

It is this that makes a perfect husband and father, attentive to the pleasures and watchful of the interests of his household. It is this that compensates the wife for the performance of all her functions, content her with her position and develops the maternal instinct. Such a state is sexual felicity.

On account of lax and improper training, the physical development advances while moral and sexual nature goes astray. Such characters are restless, mismated and unhappy, and their seed will inherit their defects. Much may be done to make good these differences and bring sunshine into the gloomy household. The sexual organs require civilization. The nervous system demands regulation. The parts should be examined and all defects cured.

Much complaint is made on account of precipitate ejaculations, especially by young men. At a tender age they begin the exercise of their genitals, and soon grow to believe that copulation is a part of their existence. These young men have been masturbators. They have abused and demoralized their sexual

organs, suffered venereal disease. They have developed a desire for novelties, and now wonder why it is that their sexual appointments are not normal. Here is the history of a case just dismissed a few days since: J. S., age twenty-five, has been married three years; one child, a girl, one and one-half years old; is a strong, healthy young man, of good family. Has had precipitate ejaculations since March, 1900. No history of previous trouble of this kind. Indulged his sexual appetite once or twice per week, and was becoming discouraged, as the ejaculation was hurried and accompanied with undue excitement, cheating his partner entirely. Has history of gonorrhea and masturbation: Became incapable of coitus and the mind got increasingly restless. Diagnosed the case as hyperesthesia of prostate. Directed my treatment to this gland and nervous system. Gave him a sound lecture on sexual hygiene and required him to give the sexual organs a complete rest, and attempted to engage the mind upon other matters of a quieting nature; assumed a confident air in his presence, and assured him he would be well soon. Shortly after I received a handsomereward and dismissed the case.

J. J. EZELL, M.D., M.E.

Lafayette, Ky.

Nymphomania.

Editor MEDICAL WORLD:—I was much interested in reading a communication from Dr. J. A. Elliott, of Northumberland, Pa., and your comments upon it, in your February issue, pages 74 and 75. Some time ago I ran across a case of nymphomania, which I had under treatment and apparently cured. The patient, a young married woman, was of delicate build and refined features; there was nothing in her appearance to suggest the condition, and it is my opinion that it was purely physical. The husband had consulted me in reference to what he termed "nervous debility." Upon questioning him, he said it was "his wife's fault." He was told to bring his wife, which he did. Examination revealed the fact that she had a severe vaginitis, and that the vulva and vagina were much ulcerated. The following remedies were prescribed:

R

Strontii bromid 3j
Ft. chartae No. xij. Sig.—Take one every four hours.

R

F. e. salix nigra, (P. D. & Co.) . . . 3iv
Sig.—One teaspoonful every four hours.

Locally the vagina was douched with a 10 per cent. solution of glyco-thymoline (Kress), as hot as could be borne, and then the vagina was packt with lamb's wool saturated in glyco-thymoline (Kress) full strength. The packing was allowed to remain forty-eight hours, and then same treatment repeated. The vulva was dusted with markasol (boro-phenate of bismuth) and protected with gauze.

The strontium bromid was discontinued after the first week, and the f. e. salix nigra was given three times a day. This treatment, with the local treatment, was continued for about six weeks, when the patient was discharged, the nymphomania at least relieved and the vaginitis cured.

FRANCIS MILLS TURNER, M.D.

1324 South Broad Street, Philadelphia.

[Query: How about the husband?—poor fellow. We suppose that he was "permitted" to get well. The "plugging up" is certainly a good feature in the treatment of cases of this kind—good for the husband as well as for the wife. When a husband obtains more sexual gratification than is consistent with the health of the wife, he is a "brute." When the wife is at fault, she is the victim of disease, either physical or psychical, or both, and is regarded with sympathizing pity; but no sympathy is ever wasted on a drained and worn-out husband. Many a husband bears his burden in silence, thinking it unmanly to complain; but wives often pose for sympathy just for the sake of the sympathy, and the satisfaction of having men regarded as brutes. This side of the story seldom comes to light—it seems that few have the courage to say a word for men. There is truth on both sides. Then let us have both sides.—Ed.]

Sex.—Tinnitus Aurium.—Diarrhea.

Editor MEDICAL WORLD:—In regard to the determination of sex, it may be of interest to know that in one of the Hebrew commentaries on the Bible, written some two thousand and odd years ago, it is said that it depends on who procreates first, i. e., if the man procreates first, the product will be a female, while if the woman procreates first, the product will be a male. I do not know how these rules will compare with those laid down by Dr. J. G. Davis, as quoted in THE WORLD of

February last, page 66, for if both be right, the one in "sexual ascendancy" should be the last one to procreate. In the Talmud there is a statement, "If anyone desires a male offspring he should repeat his sexual act."

In tinnitus aurium, if there is no tympanic or internal ear trouble I have used sodium bromid and ergot with excellent results. This is recommended by Dr. H. A. Hare, of Philadelphia. I generally give 0.65 of sodium bromid and 1.3 of Squibb's fluid extract of ergot every four hours.

In reply to Dr. Embry, I know of a similar case of obstinate diarrhea, where the following prescription seemed to control it, tho it did not cure it:

Tr. kineo
Tr. rhei
Tr. zingiberis aa 30.0
Tr. opii 15.0
Tr. card. co. 45.0
M. S.—Gtts. xv to lx every two hours.

It is only a short time since I joined your family, and I must say that I am charmed with it. I like its democratic spirit. I enjoyed your reply to Dr. Cooper, and the thought naturally suggests itself, "Why not apply the same arguments to our industrial field?" I think that we are suffering no less from the corporations owning our industries than from those owning our railroads. Our entire system now is "paternalistic" and mighty cruel "paters" (fathers) we seem to have. Why not make it all *fraternalistic*?

Omaha, Neb. LOUIS I. BOGEN.

[Doctor, in 'collectiv ownership and operation, we should be guided by the experience of other countries, so far as they have gone in this direction. Not until we catch up with other countries in this kind of development will it be time to consider going ahead of them. In the meantime, however, as we are sending our iron and steel products all over the world, it might be well for us to take the "protectiv" tariff off this class of manufactures. A Wisconsin Republican congressman has introduced a bill to that effect, and I think he intends to push it hard at next session. He is getting much encouragement from many sources but—we will have to wait and see.—ED.]

No physician ever made a better investment than one dollar per year for WORLD. Among the journals I take it is a prime favorite. Full of seasonable suggestions, it is a great help to the busy doctor. EDWARD G. LEFFLER.
La Porte City, Iowa.

Calcium Sulfid.

Editor MEDICAL WORLD:—In regard to calcium sulfid, I would say that I have found it a very valuable remedy in all forms of suppurativ inflammation. To be effectiv, it must be given in large doses. The Ringer idea of dosage will not do. I usually order two and one-half grains in combination with two grains of quinin three times a day, until patient is fully under the influence of the drug; then reduce to one-half grain three times a day. Only a few days ago a woman consulted me about a finger that was swollen and very painful. Upon examination I decided that I had a very bad case of paronychia (felon) to contend with. I decided I would try the sulfid before resorting to incision; so I ordered calcium sulfid two and one-half grains, quinin two grains, to be taken in capsule after each meal. The finger rapidly improved and after the third day I reduced the dose to one-half grain and continued the remedy for a few days longer, with the result that the finger was cured without incision. I have also found the drug useful in phthisis and grip.

K. G. AVERITT, M.D.

Cedar Creek, N. C.

Experience with Calcium Sulfid.

Editor MEDICAL WORLD:—In February WORLD, page 46, the question is askt if calcium sulfid is inert in pustulation. In 1888 I used it in powder form in diphtheria as much as would lie on a quarter or half of a nickel every hour, two hours or three hours, till the characteristic odor of the breath came. Cases that I did not use it on became worse, till, alarmed, I used it in large doses. Several times I proved that without it I lost ground, and with it gained. Of 129 cases I lost but one. It would not have saved alone, but I would have lost without it.

In chronic bronchitis with great expectoration I have seen a markt gain after using grain doses four times a day for six months. Other drugs had never helpt. Some of such cases would not respond, or apparently did not.

In an epidemic (?) of itch a husband and son were covered with the parasites; the wife, who had been taking calcium sulfid for several months, did not get it.

Four years ago a man came in my office with ringworm on his hand. Had been to two doctors. I told him the salve I gave him would do the work. Used subacetate

of copper, resorcin, creolin and vaselin. "The cat came back" three times. I then gave calcium sulfid, 5 to 7 grs., four times a day. He was cured within a week.

In cystitis it injured, probably by forming sulfur compounds and gases in bladder. The same applied to my use of it in gonorrhea. Was consequently surprised and interested to note its recommendation in gonorrhea. There are cases it doubtless helpt, but many it did not, or we would have heard of its beneficent results.

Have used it in what would have been buboes; at least, there was a discharge and the inguinal glands were enlarged. They went down in three months' time. Used other drugs also.

Lately, a student applied to me for a remedy for dumb (?) boils appearing on the back of the neck. The condition had existed for three years. After taking a grain four times a day for two months he writes he is better; also, that he has been troubled with nose-bleed. Would the calcium sulfid cause it?

In eczemas, boils, furuncles, etc., it has workt wonders. Why should it not be a great agent in small pox?

Please give its action on the system, *concisely*.

I admire the stand THE WORLD has taken in economics. If the people *knew*, they would rule and not serve.

Sherman, N. Y. W. M. HAYNES, M.D.

[Will Dr. Waugh respond to the Doctor's request in next issue?—ED.]

Calcium Sulfid.

Editor MEDICAL WORLD:—If those who say calcium sulfid is a failure will tell me of one drug that does not occasionally fail, I want to know it. Ergot, quinin, strychnin, digitalis, all fail, sometimes, to give expected results. Give plenty of it, keep bowels open, and you will, in most cases, get the result you want.

Intestinal antisepsis is an establisht fact with me. H. CLAY CARSON.

Sugar Grove, Va.

Calcium Sulfid.

Dear DR. TAYLOR:—In a recent issue of THE MEDICAL WORLD I notice several articles denouncing the value of calcium sulfid in the treatment of furuncular and other affections of the skin, and I would like to record some of my own experience in its favor. Many years ago, I advocated

the use of this agent in your journal for carbuncles, boils, pustular acne, and gonorrhea, and I have no reason to alter my opinion as to its merits. Time and again I have overcome bad cases of acne by its use in gr. $\frac{1}{4}$ doses, used persistently, four or five times daily; and I have often seen carbuncles literally "melt away." In urethritis, specific and non-specific, I have found that it first inspissates the discharge, and later on, arrests it. Combined with Fowler's Solution, it often ameliorates the conditions and rectifies the sputum in phthisical cases, and patients gain in weight and general appearance. The mode of administration has much to do with its medicinal activity. I never prescribe it in tablets. This is my favorite formula:

R

Calcii sulfid	gr. iij
Liq. arsenicalis	3j
Tinct. cinchon	ʒss.
Aq. dest ad	3ij

Sig.—One teaspoonful after each meal.

The sulfid will remain as a sulfid for that period, after which it decomposes into a sulfate, and loses its value.

Philadelphia, Pa. LOUIS LEWIS, M.D.

A Homeopathic View of Calcium Sulfid.

Editor MEDICAL WORLD:—I am a very recent subscriber to your valuable journal. I find much interesting and valuable reading in it. In regard to your brief editorial on calcium sulfid, it occurs to me that if the "pendulum begins to swing backward," it is no more than has happened with every other drug, until it has been firmly anchored in its proper place in our materia medica. Calcium sulfid (the hepar sulfur of Hahnemann), undoubtedly has an important place in therapeutics. The great trouble is, it is prescribed in doses many times too large. One-hundredth of a grain should be the maximum dose if you expect to get satisfactory results from its use. I have been using the drug for ten years and have seldom been disappointed. In large and continued doses it will undoubtedly cause an unhealthy condition of the skin; and enlargement and often suppuration of the glands. But in small doses it will cure this same condition if present. If you wish to prevent suppuration, give 1-1000 of a grain at a dose; if to hasten that process, increase the dose to 1-100 of a grain, and the more sensitive the condi-

tion the more is this drug indicated. The homeopaths have used this drug for more than 100 years with wonderful success.

Also in conjunction with spongia and aconitum nap., 1-100 grain each, is a specific for spasmodic croup. I have never failed to cure laryngismus stridulus with this prescription in a few hours; and by that means got into several good families and stayed there. The profession cannot afford to discard a drug that is capable of such wonderful results when its dose and field of action is established. I am inclined to the belief that the reason for so many failures with this drug is that physicians fail to study the symptoms and conditions in which it is indicated. The "shot-gun" prescription should be a thing of the past. Study well the symptomatology of the drug and my experience is you will find it a most faithful servant. I wish to emphasize the size of the dose. I have tried the large dose and the small, and like most other drugs, the smaller the dose the surer the result; if the medicine is indicated, I usually divide the dose of medicine I gave ten years ago by 100, and am quite positive my good results are increased by almost that proportion.

Athens, Ohio. J. M. HIGGINS, M.D.

Calcium Sulfid.—Hemorrhoids.—Expectorant.

Editor MEDICAL WORLD:—In your pendulum swinging article concerning the calcium sulfid, I note you ask experience in use of same; consequently I will report a case: Man, 30, single, good habits and constitution, came to my office presenting entire post cervical region one solid mass. This mass did not point, but was bedecked with some five or six pits the size of a split pea, filled with pus. Prescribed calc. sulfid, gr. 100. M. caps. No. 30. S.—One after each meal. I expected him to return for more, but in ten days the entire mass had disappeared, leaving some discoloration only. This was of eight weeks standing.

Employees of lead mines near here work in the mud and water and are subject to boils and pustular sores, which heal readily under above treatment, while they lose no time from their work.

Being sure of the grade and non-slack condition of the article, it gives good results. I have not used it in any genito-urinary diseases.

In regard to the medical treatment of

hemorrhoids, I submit following for C. C. Patchen, M.D.,

R

Acid. tannici	gr. xxx
Acid. carbolic	m. xv
Vaseline	3j

M. Sig.—Apply thoroly twice daily. Give laxative granules two to four daily as required to obtain soft stools. Look after the digestion.

GENERAL EXPECTORANT.

R

Ammon. mur.	3iij
Chloroform spts.	mxv
Syr. ipecac	3ij
Tr. opii camph.	3ij-iv
Pulv. glyc.	3ij
Glycerin	3j
Aque q.s. ad.	3iv

M. Sig.—One-half to one dram every two to four hours as indicated.

Send me THE WORLD (never mind the barbed-wire fence around it.) Here is your note, Uncle Sam as security.

Luebbering, Mo. DR. B. F. WINDLE.

Calcium Sulfid.—Strychnin.—Chronic Ulcer, Etc.

Editor MEDICAL WORLD:—I am a new subscriber but, like the fellow in the prayer meeting, would like to give my experience regarding some of the topics recently under discussion in your columns. I have used calcium sulfid in several cases of furunculosis as well as acne pustulosa, invariably successfully.

Regarding strychnin, when its use is urgent, I never give less than 1-20 grain to an adult to start with. When the period of administration is lengthy, I gradually decrease, as I am aware of its cumulative action. I use the phosphate.

For the benefit of O. C., of Ohio, I will give a treatment for chronic ulcer which I am positive will beat any other. If limb is swollen and inflamed, I confine patient in bed and elevate the foot of the bed. If granulations are not active enough, I touch with solid stick of silver nitrate. When swelling and inflammation are gone, I use compression; and the silk elastic stocking has always given me the best results. When I once get ulcer aseptic I pack it with odorless iodoform (Johnson & Johnson) under the stocking. I redress every week, but never wash the ulcer out, as I am convinced that more harm is done those delicate granulations by washing than anything else. I think this is the reason that many do not readily heal. If the compres-

sion is O. K., and ulcer strictly aseptic, the ulcer will not cause the least inconvenience to patient, even when on the feet all day.

For Dr. Siske, I will say that in cases of sciatic or any other neuritis, I have found that 1-100 grain nitroglycerin, three times daily, will cure it as quick as his local applications, and with a great deal less trouble.

J. S. OUTHUSE, M.D.

Shelburne Falls, Mass.

Alkaloidal Medication.

Editor MEDICAL WORLD:—It strikes me that our friend Dr. Beck will continue to make a "hash" of it unless he gets in line and looks up dosimetric medicin. I have jugulated a fair number of cases of pneumonia in children and adults with dosimetric trinity and apomorphin. I treat it far more successfully than in the old way. A doctor friend of mine, twenty-five years in practise, was induced by me after much persuasion to try aconitin in acute fevers. He soon learned to use it successfully and is now enthusiastic in the use of alkaloids. The diseases of children have lost all their terrors to me, since I have learned to practise dosimetric medicin.

DR. C. N. ISAMINGER.

Rogers City, Mich.

Iron.

Editor MEDICAL WORLD:—Referring to the recent "forensic" discussion of iron, full of spice and instruction, particularly Dr. Anderson's terse article, I wish to modestly drop in a humble comment. I deprecate combinations of mixtures. Give me the old tinc. ferri chloridi that our fathers and grandfathers used, mix it with a little glycerin and water, and you know what you're giving exactly. The chlorosis of our girls, the anemias of our matrons and cachexias of our brothers will gradually and surely fade before its influence. Of course the bowels should be kept acting freely. Constipation negatvs the action of any medicin. Who is not acquainted with the baneful influence of a combination of calomel and constipation?

Portland, Ore.

J. A. PETTIT.

When remitting for subscription, please realize that it is the fashion now in the WORLD family to take a four year trip. This is cheaper and more convenient to you. When you renew for one year only, making it an every year job, you are liable to put it off from time to time, until your subscription is months overdue. Don't be afraid that you will die before your four years are out. This will give you something to live for. Besides, you can leave to any one in your will any residue subscription due you. We will honor any such legacy.

For Goitre.

Editor MEDICAL WORLD:—Dr. J. H. Phillips asks for best drug treatment for goitre. I will say for his benefit that I have used for the last twenty years, with very few failures, the following:

R

Hyg. bichlor.	gr. 1
Paregoric	fl. oz. 2
Hot water	fl. oz. 14

M. Sig.—One teaspoonful in half glass of water after each meal.

The patient should take a mild physic twice a week while taking the above. It is well to order half the mixture at a time, as it will not keep well. The medicin must be taken continuously for several months, until an entire cure is effected. I have never had a failure when the patient continued to use the remedy as directed. The tendency, especially in young girls, is to discontinue its use as soon as they see it is curing them, thinking it will go away anyhow. The Doctor will observe, of course, that the virtue is in the sublimate; the paregoric is simply to prevent irritation of the stomach and bowels. The physic is to carry off effete matter liberated by the sublimate. I trust this simple remedy may help the brother, and perhaps others. *Use no external applications.* Long live THE WORLD.

W. C. SMITH, D.D.

Franklin Grove, Ills.

Treatment for Goitre.

Editor MEDICAL WORLD:—J. H. Phillips, M.D., on page 112, March WORLD, asks for treatment for goitre. I will tell him how I am treating a case in a girl twelve years old who, three months ago, had a very large double goitre. I put her on full doses of thyroid extract three times per day. At first she came to my office twice per week for treatment, which consisted in applying thoroly to the parts Lugol's solution and then saturating the cathode of a galvanic battery with the same and apply with as strong current as she could well bear. After a little I had to lengthen the time of treatment on account of the soreness. This treatment caused the goitre to immediately contract in size, and altho it is not gone entirely, it is not one-quarter of its former size, and the parents are well pleased with the results.

The induced current would have caused it to grow larger. Iodin has an electrical

affinity for the positiv pole; therefore, the negativ should be the activ one in this case. The iodine is carried into the tumor on the electric current, seeking its affinity in the anode, and by this means saturating the whole tumor with the iodine.

When we thoroly understand the electrical affinity of substances, we will be able to do a great deal more than now in the local treatment of disease. We will be able to send remedies in a nascent condition to the diseased spot upon a current of electricity. D. M. CURRIER, M.D.

Newport, N. H.

For Obstinate Epistaxis.

Editor MEDICAL WORLD:—I think the following plan an improvement upon Dr. McCampbell's glove finger for epistaxis (March WORLD): Pass a soft catheter (clean) thru the nostril, attach a string, pull it thru the nose. Put a small wad of absorbent cotton into the end of a "condom," attach it to the string, pull thru the nostril until the wad of cotton presses closely against the posterior nares. Then fill the condom with air, cotton or cold water (any one of them will do); tie the end and you will have no more bleeding. This plan is not original, and is no doubt known to many of your readers, but a good thing cannot be too well known.

I am glad to see that you take a more reasonable view than formerly about the value of diphtheria antitoxin.

THOS. J. TURPIN, M.D.

Monterey, Mexico.

[I am not aware of having changed my view concerning diphtheria antitoxin.—ED.]

Lemon Juice in Epistaxis.

Editor MEDICAL WORLD:—In your summary of remedies for epistaxis in the February WORLD, page 43, one very valuable remedy is not mentioned. I refer to lemon juice. It is generally easy to obtain a lemon, and the juice is a clean and effective remedy for epistaxis. One part of lemon juice to three or four of water, snuffed up after clearing the nostrils by "blowing," will promptly check bleeding. In emergencies I have used the lemon juice clear, but should not advise it in ordinary cases. I claim no credit for this suggestion, as it is one of the good things that I pickt up many years ago, and I do not know who is entitled to the credit of first using it. Under this head I wish to

relate a case that is both "singular and true."

Some months ago I was called to treat a lad about 12 years of age for persistent and oft repeated epistaxis. This occurred by day and by night—frequently half a dozen times in twenty-four hours. There was no history of injury. Examination of the nasal cavity revealed nothing. I treated him according to my best light, but I failed to relieve him. As he had some visual disturbance—persistent winking, floating specks before the eyes, inability to use his eyes in close study for any considerable time, I advised him to consult an oculist. I had barely a suspicion that the visual disability and the epistaxis had any close relation to each other.

When awake he could predict the oncoming of the nose-bleed by a number of seconds. He described it as a "something" (an aura, congestion or feeling) beginning on either side of the head near the top of the ears, proceeding slowly forward to the eyes, and a few seconds later the nose-bleed began. This disturbance was habitual and well-verified. I cautioned him to make no mention of the epistaxis to the oculist.

In due time he was fitted with glasses which not only corrected his defective vision, but at once and effectually cured the epistaxis. From the day of putting on the glasses to this—now about three months—he has not had a single attack of nose-bleed.

Afterward the oculist was informed of his double cure, but he had no philosophy or science by which to explain the singular relationship, or the cure of epistaxis, by correcting the vision.

88 St. Marks Avenue,
Brooklyn, N. Y.

BENJ. EDSON, M.D.

Treatment of Varicocoele.

Editor MEDICAL WORLD:—I am a general practitioner, and have been a reader of THE MEDICAL WORLD for five years. Of all my medical journals I consider THE WORLD one of the most valuable to me because it is filled with the practical, every day experience of many physicians in the same line of work with myself; and the most humble may know, and tell us, something you and I do not know. That makes it valuable and helpful to its many readers, to say nothing of the valuable editorials and monthly talks by the editors.

Dr. M. H. Wheeler, on page 72, February

WORLD, asks for a bloodless operation for varicocele. The following plan I have employed successfully: Make aseptic the scrotum and hands. Take scrotum and vein in left hand, allow the vas deferens to slip to posterior part of scrotum, nick the true skin $\frac{1}{2}$ inch opposite the vein on both sides of scrotum one inch below ring. Now pass a good sized needle, threaded with medium sized catgut, thru the cut *back* of vein and out on opposite side; re-enter where needle came out, without cutting thread, and pass in *front* of vein and out where needle first entered. Tie firmly and cut off ligature close to scrotum. The small cut in scrotum needs no suture. Ligate in same manner the same vein one inch below first ligature. Dress scrotum with dry bichlorid gauze. Put a few turns of a bandage around the body above the hips for a girth. Pin to this an end of a soft towel, bring forward between legs and pin to girth in front to keep parts elevated. This bandage can be unpinned and pinned again by the patient as occasion requires for the moving of the bowels. This bandage is worn for two weeks; then use the ordinary suspensory.

This plan, tho not preferred by most surgeons, commends itself to many on account of it being bloodless, causing very little pain, not requiring an anesthetic, no loss of time from employment, and is without danger if done with proper antiseptic precautions.

I wish to say here for the benefit of those I see inquiring for something that has already appeared in other numbers of the same journal, that I keep an index blank book in which I record alphabetically any valuable article or information. I have my best journals bound for my library, and preserve some numbers of the others. By turning to this book I know where to find special articles when wanted for reference. This plan has proven valuable to me.

DR. W. H. ROB.

Williamsport, Pa.

Treatment of Rheumatism.

Editor MEDICAL WORLD:—The main treatment for the enlarged small joints in Mrs. R.'s case (see February WORLD), was as follows. I relied chiefly on this prescription:

R

Bicarbonate of potass. oz. j
Pulverized colchicum seeds. dr. ij
Steep a few minutes in one quart of water.

I gave one tablespoonful three times a day, about two hours after meals, in water. This dose was doubled for a few days, occasionally, then we would rest from it, and change to salicylic acid, 5 grs. before meals for several days.

As a tonic, along from time to time:

R

Tincture of iron oz. j
Tincture nux vomica.....dr. ij
Syr. simple.....oz. j
Aqua q. s. ad.....oz. vj

Dose.—One teaspoonful three times a day soon after meals in water.

For the terrible periodical pains in back of the head and neck, I gave opium and bromide of ammonia. For general nervousness and to procure rest during the night:

R

Ext. of celery seeds.....oz. j
Tincture of valerian... ..oz. j
Bromide of potass.....dr. ij
Aqua gaultheria.....oz. ij

One teaspoonful at bed time and frequently during the day time, generally about the middle of the forenoon.

This patient observed a very strict mode of living in every particular, avoiding starchy foods, tea and coffee, drinking only pure water, to which was added malted milk, especially at meals.

The joints were thoroly rubbed twice daily with:

R

Oil of wintergreen.....oz. j
Olive oil.....oz. j
Chloroform dr. iv
Alcohol.....oz. ij

I have seen two other cases recover with this treatment, but they were not followed with any heart sequels. The pulsating below the heart and in the left ear, that I wanted help for, is a trifle better at times. I cannot yet satisfactorily diagnose the condition of the artery at the pulsating point some five inches below the heart. I hope, and do not think, it is a real aneurism.

Hartford, O.

A. J. RATHBUN, M.D.

Cocain for Earache.

Editor MEDICAL WORLD:—Seeing Dr. J. S. Wheeler's note on earache in February WORLD (page 68) reminds me of a little experience I had a few nights ago. Was called out to see a boy of about 13 years, supposed to have tonsillitis, did in fact have some "sore throat;" but the main trouble was earache. After fumbling thru what medicins I had with me, I ran onto my cocain bottle and thought

I would try that. I made a solution, 1-20 gr. to half a teaspoonful of water, dropt a few drops into his ear, and to my relief he said his ear felt all right and throat did not hurt so badly. I have tried it once or twice since and it workt like magic. Braddyville, Iowa. J. B. CRAIN, M.D.

Cause and Treatment of Rheumatism.—Dose of Strychnin.—Rattlesnake Bite.

Editor MEDICAL WORLD:—The relations between rheumatism and several other affections have been recently attracting much attention. Long since a connection was made out between rheumatism and endo- and pericarditis. Chorea was then shown to be especially common in rheumatics, or at least the two coexist in a large percentage of cases. Purpura hemorrhagica is now attributed to the same cause. That a relation exists between rheumatism and tonsillar disease is well known, but just what that relation is seem uncertain. Quinsy is not specially a rheumatic malady.

The following case possibly illustrates the connection of some of these affections: A boy of nine, robust, in blooming health, with no rectal, intestinal or genital sources of reflex irritation to be found on careful examination, has developept a habit of grimacing, sighing, twisting his features, opening his mouth to the widest extent, with imsomnia, disturbed sleep, occasional nightmares in which he becomes almost frantic if anyone touches him, incessantly active. In school he is going ahead of his comrades, but shows no abnormal disposition to study. Out of school he is out of doors most of the time, engaging in boyish sports with the most boisterous abandon. He is large, strong, awkward, overbearing, strongly masculine in type, strong willed and persistent, mastering his lesson by concentrated effort and retaining what he learns. He has hypertrophied tonsils; the projecting portions were removed some time ago, but were largely reproduced. His eyes and nasal passages have been examined by a thoroly competent specialist and pronounced normal. Now while not choreic he is near it, his nervous state and grimaces strongly recalling victims of this affection. He complains recently of aches, especially in the legs, with weakness; has attacks of fever running up to 104°, lasting one or two days, and subsiding. He has also frequent attacks of superficial

tonsillitis, the tonsils and pharynx reddening and becoming somewhat swollen, the hyperemia extending at times to the posterior nares of the larynx. He also tends to excessiv meat-eating at times, and this is followed by bad breath and muscular pains. At other times he eats largely of fruit; in fact, he is a large eater, his bowels usually easily and frequently acting.

If we accept the most recent pathology of rheumatism, this case is quite intelligible. Rheumatism is a microbic malady. The chronic disease of the tonsils lessens their power of resisting attack; they constitute the open door thru which disease enters the patient's body. Located as they are, it is not to be wondered at that very often pathogenic microbes alight on them, finding in the crypts and in the masses of pathologic tissue of low vitality favorable nests for development, hence the recurrent attacks of tonsillar catarrh or erythema. Penetrating to the blood, the intruders give rise to constant irritation of choreic form, and if aided by exposure to cold and wet an acute inflammatory attack would be the consequence. That this has not occurred may be attributed to his free intestinal action—a safety valve—and to the promptness with which symptoms are dissipated—jugulated—by a dose of calomel, gr. $\frac{1}{2}$, followed by veratrin and aconitin.

It is in just such cases that endocarditis frequently develops in young subjects without being preceded by articular rheumatism. Frequent examinations of the heart should be made in children subject to "growing pains," aches in bones or muscles, nervousness, fidgets or irritability of temper.

The indication is the cure of the tonsils. There has just been a most lamentable death from anesthesia in Chicago, a child on whom a slight operation for removal of pharyngeal or nasal adenoid growths was in contemplation. This is an unusual occurrence. Death may occur from blood flowing into the glottis while under anesthesia. Nevertheless, the best way to deal with a chronically diseased tonsil is to take it out entirely, cutting thru the loose cellular tissue behind it, as there is less hemorrhage than when the diseased gland-tissue is cut thru. Besides, the tonsil completely removed will not be reproduced. If the objections to operation on the part of the frightened child are in-

superable, and the necessary patience and persistence are at command, the frequent application of pure water-free glycerin, or of strong iodine, may in time reduce the enlarged glands to normal size. If this be done daily there is benefit due to preventing the attacks of microbic swarms. The throat should be rinsed with an antiseptic gargle after each meal and sprayed with an antiseptic oil, one of the popular combinations of eucalyptol, menthol, thymol, etc., in fluid petrolatum. If fresh attacks are thus prevented, the disease subsides under proper treatment.

As with erysipelas, it seems probable that several, perhaps many, varieties of micro-organisms may give rise to rheumatism, and not one specific form. We may some day learn to distinguish various forms or grades of the malady, as occasioned by one coccus or another. Possibly several distinct organisms may unite in an attack; as in pulmonary affections, where it is impossible to find sputa containing but one micro-organism.

Of the classic anti-rheumatic remedies, alkalies probably act simply by neutralizing the acid products of bacteria, and by interfering with their reproduction. All other drugs effective against rheumatism are simply intestinal antiseptics and germicides. The salicylates, salol and resorcin are both. All purgatives relieve rheumatism by washing out the alimentary canal and stopping autotoxemia, and these agents are far more effective than diuretics or diaphoretics, which shows that their virtues are not simply based on elimination.

Whatever remedy is used, it will be found that the very frequent administration of small doses will do more than rare large ones; the former method providing a constant influx of the remedy into the stomach or blood, the big-dose method waiting till the enemy has revived and then "swatting" him. As one dose never kills all the microbes, those that escape at once begin to reproduce; and after a time the body has had all the salicylate it can bear, ears ringing, digestion all knocked out, and yet the disease is renewing its forces.

Clear out the alimentary canal with a good dose of calomel, followed by a "sweeper" of salts; then give salicylic acid, gr. one-sixth to one-half every five, ten or thirty minutes, and keep right at it. You will be surprised to find how

little you have required to subdue this big blustering Goliath. But don't quit too soon. As the patient improves let the doses be increased in size and decreased in frequency, but keep them up. And keep the alimentary canal clear and aseptic. A sick stomach or fetid stool is good evidence of your lack of skill as a physician, or of the nurse's disobedience.

Is an excess of nitrogenous and saccharin food injurious by lowering the patient's resistance directly, or by furnishing materials for microbic reproduction and support? Anyhow, the injury is undoubted; and the diet should exclude such excess. Beyond this, and the injunction to select the diet suited to the patient's needs, I will say nothing, always dreading the close limitation of food to a few articles whereby so much harm is done—more, in the aggregate, than by the absence of all restrictions. The predigested foods, freshly pressed fruit juices, vegetable soups, jelly of Irish moss, junket, light farinas, all starchy foods having a generous allowance of diastase to insure digestion, will be found acceptable and harmless.

I cannot enter the field of "chronic rheumatism." It is too vast, covering as it does myalgia, neuralgia, uricemia, indigestion, spinal ails, uterine disease, hemorrhoids, and a host of other things commonly called rheumatic, for no other reason but that, like it, they "hurt." In many of these painful maladies I have found a disproportion between the albuminous food consumed and the physical exercise taken; so that the use of colchicin for immediate relief and the injunction of hard work or vegetarianism, become more and more frequent with me. And with this the necessity of prescribing strychnin to "take up the slack," or macrotin to soothe irritated, spastic nerve fibrils, becomes almost habitual; the injunction to clear out the bowels, render them aseptic and keep them so is altogether habitual. There may be persons who keep their "inner skin" clean as conscientiously as they do the outer skin, but they are surely rare.

May I be pardoned for rather a broad smile at the efforts to fix the dose of strychnin? There's only one dose; that is, just dose enuf. Do not give this powerful, highly specialized remedy unless you have a distinct idea of what you desire it to do, and of what evidence will show this object to have been attained; then give

enuf to do it. In the aged especially, doses are required that would have scared me twenty years ago. In treating alcoholics I have given a grain a day; but find some cases that cannot bear gr. 1-67 at a dose. Trousseau gave over a grain daily to epileptics, rising of course to this dose by degrees. When the head begins to ache or the muscles to twitch, you have reached the limit.

Reminds me of a story that I have related before: A doctor told me the only remedy for his wife's rheumatism was "athlophorus"; that salicylates were useless. I turned to Oleson's "Secret Nostrums" and showed him that athlophorus was simply salicylic acid, but in four times the dose he had given.

I must differ from Dr. Haigh as to whisky being a specific for rattlesnake bite. Whisky is only specific for the fright, and actually increases the depression due to the poison. It is well known that persons who only *thought* they had been bitten by a snake, took huge doses of whisky without its affecting them; but the moment they found they had not been bitten they became very drunk. This is strictly analogous to the difficulty of anesthetizing patients who are in extreme terror of the operation. The remedy for rattlesnake bite is strychnin.

Chicago, Ill. W. F. WAUGH, M.D.

Dose of Strychnin.

Editor MEDICAL WORLD:—I can think of no medicine the size of whose dose is susceptible of greater variation than strychnin. I had a patient carried to the city hospital, Nashville, Tenn., girl, 11 years, whose foot was shot off. She had lost much blood; shock was great. We gave her 1-10 gr. strychn. sulfate hypodermically. It acted well. I have on hand at present a patient who drank a little too much Xmas and afterwards; was taken with catarrhal pneumonia. Much depressed from his debauch. In a few days he developed symptoms of gall stones; pulse weak. I began with 1-15 gr. of strychn. nitrate every three hours in day time, and any time at night when awake. Next day used 1-10 gr. every three hours and next day gave 1-10 gr. every two hours in day time, and three hours at night, and continued thus for twelve days save two nights when he was given 1-10 gr. every two hours all night missing only one dose on account of his sleeping.

I have on a few occasions used 1-30 gr. doses hypodermically every hour for three doses in continued fever where the patient is so very weak. The above case did not develop symptoms of strychnin effect save the pulse, which was strong and regular. He is still living, too, and better.

In most cases it is wise, I think, to begin with the sixtieth grain dose repeated every one, two or three hours according to effect desired. If a case needs 1-10 grain doses of strychnin, it seems to me that he should be seen twice or more daily, at least until the dose is regulated to suit the case.

In my humble opinion, the method of administering small doses frequently repeated to effect, is the most desirable, especially with drugs like strychnin, aconite, and veratrum.

JAS. W. ETHERIDGE, M.D.

Reverie, Tenn.

Indigestion.

Editor MEDICAL WORLD:—In the March WORLD (page 113), Dr. T. C. Embry, of Cropwell, Ala., wants help for two cases of indigestion. His first case, lady 65 years of age, is undoubtedly a case of intestinal catarrh. Use the following:

R

Resorcin 75 gr.
Bismuth salicylate
Tannigen, of each 3 oz.
Sodium carb.
White sugar, of each 2 dr.

M. Make powder. Sig.—Small teaspoonful every two hours.

A careful regulation of the diet is of the greatest importance.

For your case No. 2 I would use

R

Podophyllin gr. x
Tinct. nux. vom. fl. oz. j

M. Sig.—Shake and take five to eight drops in a little water before each meal.

Manchester, Mo. AUG. MEISCH, M.D.

Four Cases of Placenta Previa in Five Months.

Editor MEDICAL WORLD:—The following account of four cases of placenta previa occurring in the work of a general practitioner within a space of five months, may prove interesting on account of the infrequency of such a series of events.

My first case was one in which the placenta partially overlapped the dilated os (placenta previa partialis), a segment of

the placenta being distinctly recognizable, and also a portion of the membranes.

In this case there was considerable hemorrhage at the end of the eighth month, coming on without pain and in the night. This case was allowed to progress to full term, and the woman was finally delivered of a living child, by turning and extraction by the feet. My consultant in this case was Dr. B. F. Drury, of Gouverneur, N. Y., who did not arrive, however, until after the child was born. Both mother and child did well.

My next case, which occurred the following month, did not terminate so favorably. This case was one of complete central implantation, the placenta wholly covering the dilated os. Dr. Drury was my consultant at this time. This mother was almost completely exhausted by hemorrhage at the first and only time I was called, and owing to difficulties encountered in attempting version, we were compelled to deliver with forceps. The child was born dead, and the mother died in about an hour afterward from the effects of the previous hemorrhage, she having lost but little blood during the forcep operation, which I accomplished speedily and easily.

My next case occurred about two months after the second, and here also the os was completely covered by the placenta. This mother had light hemorrhages, beginning as early as the seventh month. I allowed her, however, to go to term, and then delivered her by turning and extraction, using moderate traction by the feet. I was assisted in this case by Dr. Taylor, of Edwards, N. Y. Both mother and child lived.

My fourth and last case occurred about five months from the first. This was one in which the os was but partially overlapt. The mother was a strong and healthy young woman. Delivery in her case was easily performed by podalic version, nature being allowed to complete the case. Both mother and child lived. With this last case, as with the first, I was alone, being far in the country and no other physician in reach.

And now Mr. Editor, being a recent subscriber, I will say, if subsequent editions of THE WORLD are equal to the copies I have received, it merits the support of the entire working force of the medical profession. It brings to its subscribers each month material for use, and

not to advertise the number of "delicate and difficult operations" performed by some professor in some institution, and which, to four-fifths of us, is of no real value whatever. I am highly pleased with your journal.

Heuvelton, N. Y. O. C. HAMMOND, M.D.

Fistula in Ano.

Editor MEDICAL WORLD:—To rescue the treatment of fistula in ano from as many of its objectionable features as possible has been the ambition of many surgeons. Yet the question is an open one, and various methods find endorsement from various physicians. Concerning the disposition of fistulas to heal, and the influence exercised over them by the condition of the external opening. Andrews says: "The truth is that anal fistulas have a natural tendency to recover, and are retarded mainly by two things: (1) The unfavorable effect of the undrained septic fluids within the sac. (2) The tightness of the external opening, which prevents free drainage and keeps the sac distended with this putrid pus."

It has been demonstrated by Dr. Matthews that by controlling these two conditions many cases will heal spontaneously. It also follows that of the many who are subjected to the cutting operation, that many might have been cured by milder means.

The three principal plans of treatment are by the fistulatone, escharotics and the knife.

The method of scarifying the sides of the sinus was originated by Dr. Matthews, of Louisville, and he claims great success in selected cases, a statement I can well support.

The treatment by escharotics was practised mostly by charlatans until the past few years. They have used nitric acid, silver nitrate and carbolic acid in varying strengths from 10 to 95 per cent. Agnew says the efficacy of the treatment by carbolic acid, is about the same as that by the fistulatone, with the preference for and the difference if any in favor of the fistulatone.

Concerning the carbolic acid treatment Allingham says: "Since the publication of my last edition, I have cured many patients by the dilatation of the sphincters and the use of the bone stud and carbolic acid." One practical point I would mention; the further the external opening is

from the sphincter, the more likelihood is there, that the sinus will heal.

By the use of the knife it is a very easy matter to manage one of these cases, by first injecting a solution of eucaïn and cocaine parallel with the outer extremity of the sinus. Then introduce your grooved director, and cut about one inch; with an atomizer, spray hydrozone or electrozone upon the parts, pack lightly with iodoform gauze and put on a T bandage dressing each day, and about once a week cut another inch until the end is reached. If there are any branches, they will show themselves as their point of union refuses to heal.

By following any one of the three plans of treatment enumerated, the great majority of cases can be cured in the office and the patient can attend to business, and the great dread that many patients have of being "operated upon" would be obliterated.

HENRY M. WOOLMAN, M.D.

Newark, N. J.

Dosage Tables.

Editor MEDICAL WORLD:—Who has not had difficulty in satisfactorily and quickly determining the proper dose to be administered to children of different ages? Who, at the bedside, can be expected to remember the inverted, illogical table of Gaubins? Who is sufficiently expert in vulgar fractions as to be able to make the additions, divisions, reductions and final approximations involved in the practical application of the rules laid down for our guidance in dose determination, by Dr. Young, as extracted from Paris's Pharmacologia? A rule, which I have used for some time, that has given me entire satisfaction, both as to simplicity and accuracy, I will give your readers for what it is worth. Dr. Young's rule practically is this: "Take such a part of the dose for an adult, as the resulting fraction is part of a unit, which results from dividing the age by the age plus 12." To illustrate: If the child be one year old, the dose will be such a part of the adult dose as is represented by $\frac{1}{13}$, or $\frac{1}{14}$. Now every physician knows that $\frac{1}{13}$ of an adult dose for a child one year old is too high for many of the medicines in use. To illustrate again: Take the age of 18 years and we have according to the rule $\frac{18}{18+12} = \frac{18}{30} = \frac{3}{5}$ of an adult dose. Now, again, every intelligent physician knows that $\frac{3}{5}$ of an adult dose for the average patient of 18 years of age

is far too low. The rule above referred to as used by me is quite simple; hence, easily remembered and practical. I start by taking 5 per cent. of the dose for an adult for the first full year of life and add 5 per cent. for each subsequent year, thus:

1 year	5 per cent.	or	$\frac{1}{20}$.
2 years	10	"	$\frac{1}{10}$.
3	15	"	$\frac{3}{20}$, or $\frac{1}{4}+$.
4	20	"	$\frac{1}{5}$.
5	25	"	$\frac{1}{4}$.
6	30	"	$\frac{1}{3}$, or $\frac{1}{3}-$.
7	35	"	$\frac{7}{20}$, or $\frac{1}{3}+$.
8	40	"	$\frac{2}{5}$.
9	45	"	$\frac{9}{20}$, or $\frac{1}{2}-$.
10	50	"	$\frac{1}{2}$.
11	55	"	$\frac{11}{20}+$.
12	60	"	$\frac{3}{4}$.
13	65	"	$\frac{13}{20}$, or $\frac{3}{4}-$.
14	70	"	$\frac{7}{10}$, or $\frac{3}{4}+$.
15	75	"	$\frac{3}{4}$.
16	80	"	$\frac{4}{5}$.
17	85	"	$\frac{17}{20}+$.
18	90	"	$\frac{9}{10}$.
19	95	"	$\frac{19}{20}+$, or $1-$.
20	100	"	a full dose.

Dr Young's table will give the dose for 8 years as follows: $\frac{8}{20}$ or $\frac{2}{5}$ or $\frac{4}{10}$ or $\frac{1}{2}$. My rule gives it as 40 per cent, which is the same as Dr. Young's. The point I wish to make is this: Dr. Young's rule is at fault in both extremes of early life. For the tender years the dose is too great; for the higher years it is too low.

A word or two in explanation of the method or manner of using the above table may not be amiss. Everyone knows that 20 per cent. is $\frac{1}{5}$; that 25 per cent. is $\frac{1}{4}$; that 35 per cent. is $\frac{7}{20}$ or practically $\frac{1}{2}$ and so on. No provision is made in this table for ages under 1 year. Neither is there in either of the above mentioned tables; but anyone can readily determine what the dose for children of different months of age under 12 should be. I hope that I have made the working of this rule plain, and that it will prove as satisfactory to your readers as it has to me. If so, I have attained my object.

I am fully conscious of the fact that there need not be that accurate mathematical precision in prescribing that would be inferred by a study of the above table, but like the mariner on the ocean, it is just as necessary to be able to find your latitude at one time as at another and thus prove "where you are at." A quick, ready, easily remembered method of instantaneously determining what you want in the matter of dosage will commend itself.

T. A. LANCASTER, M.D.

Los Angeles, Cal.

Chlorin Water in Typhoid.

Editor MEDICAL WORLD:—I would like to add a word to Dr. Waugh's suggestion as to the use of chlorin. I am familiar with the various uses to which he has applied it except for coryza. That is a new one to me. But the most important use to which I have applied it is as an intestinal antiseptic, and for this it is my sheet anchor. I have used it now for about ten years as my main reliance in typhoid fever, and with unvarying success. I have not lost a case since I have used it, and I have nearly lost the fear of that disease. In one of the March numbers of the London Lancet of 1890 (I think), I read an article by Burney Yeo, of London, giving this as his method of treating this disease. I adopted it then and have had no occasion to use any other treatment since. My method of preparing the chlorin water differs somewhat from that given by Dr. Waugh. I put a dram each of potassium chlorate and of hydrochloric acid, c. p., in a colored pint bottle. Then I heat the bottle for about five minutes, until the chlorin gas is fully developed, then I add water gradually, shaking frequently until the gas is absorbed and until the pint bottle is filled.

For the first week of typhoid fever I give a tablespoonful every hour during the waking period, then every two hours until convalescence. I think the heating is important, as the resulting mixture is very different from that which is produced without heat. I can not recommend this too highly. In my experience it is all that can be desired. It prevents tympanites, clears the tongue, and checks and deodorizes the discharges from the bowels.

L. W. ALLINGHAM, M.D., C.M.
Big Pine, Cal.

Scutellaria.

Editor MEDICAL WORLD:—Being now a member of your large and growing family, the very young, I thought perhaps some of the older members would wish to know if I can talk. Your article on page 114 of March number, regarding skullcap (*scutellaria laterifolia*), seems to demand a lingual effort on my part. In 1772 Dr. Vanderveer claimed it to be a prophylactic against hydrophobia. He claimed, between 1772 and 1815, to have prevented hydrophobia in 400 persons and 1000 cattle that had been bitten by rabid dogs. His son is said to have cured forty persons

with it in the space of three years in the States of New York and New Jersey. The good name thus bestowed on it was strongly defended by Dr. White, of Fish-kill, and Professor Rafinesque, of New York. It was thus launched forth; it was hailed with enthusiasm, and results too grand were expected, and in consequence of the inevitable disappointment the profession turned from it in disgust, and the drug fell into disrepute. Yet, when used in cases to which it is adapted, it is a truly valuable addition to our materia medica. Its primary effect is on the cerebro-spinal centers, about equally relaxant and stimulant, antispasmodic and tonic, it is admirably adapted to restless and wakeful conditions. By its toning and soothing effect on the nervous structures, it relieves restlessness and is generally followed by quiet sleep. In combination with suitable diffusives, its ability to secure nervous tone renders it a very desirable agent in spasmodic difficulties, such as chorea, hysteria and puerperal convulsions; also in the wakefulness of typhoid, delirium tremens and other acute conditions; also in chronic wakefulness, or that horrid restless wakeful condition of the morphia fiend when his "stimulant" is withheld, it is one of the most prompt and reliable agents. While it no doubt has been overrated in hydrophobia, yet I doubt not that on account of its antispasmodic properties an abundant use of it in that malady would be a suitable treatment; but I have never had the opportunity to test it in that disease.

JOE WAGNER.

Gambier, O.

Suggestive Therapeutics as a Help in the Treatment of Alcoholism.

Editor MEDICAL WORLD:—Before I knew anything about the practical benefits of hypnotism, I used suggestion very extensively in general practice and recognized its great help. In fact so much so did I look to its help that I would feel rather discouraged with those cases that I did not appear to be able to influence. I really believe that there are few of us who do not practise that upon our patients, even without thinking about it. There are very many people who are so susceptible to suggestions that an anxious look or a word of discouragement from the physician produces a relapse and possibly death. In fact, I never by word or look will let my patient think that I consider his or

her case dangerous. Many people would die if we would tell them that they could not live—they would simply give up and pass out.

Probably about nine out of ten people addicted to the use of alcohol are susceptible to suggestion—a much larger proportion than we will find among people who are not addicted to its use. Alcoholic patients are good fellows and love to please. I have had three fourths of my patients upset and discouraged by the influence and talk of one patient. Of course they do not tell me, but I recognize that there is trouble and proceed to overcome the detrimental influence. I am able to do it in almost every case by getting them together and giving them a good general talk, and fully explaining the treatment, its merits, and the great necessity of the patient aiding the physician and living strictly up to the rules laid down. We usually have some good, substantial fellows under treatment who have influence with their fellow patients, which materially helps me. These are, of course, a great benefit to the weaker ones. It appears to be very natural to refer to some one who has taken the treatment unsuccessfully, particularly by people who do not like to see anyone reform. They wish an excuse to continue as they are living.

We could all do so much good in the world if we would look for the good in our fellow man rather than the evil.

The permanence of the cure, and the future of the ex-inebriate, depends so much upon the moral support and confidence given him on his return home that I can not help referring to it.

The proper use of hypnotism in the treatment is a great help in getting permanent results. A patient who is very susceptible can be cured by "hypnotism" without medicine, providing he is not much broken up. To treat alcoholism simply by hypnotism is neither necessary nor desirable; but joined with proper drug remedies, it is a great help. The trouble with hypnotism is that few patients like to have you use it on them. They will exert all the resistance possible. It would be only the very susceptible ones you could treat; and then there would be a detrimental effect upon the other patients in creating a doubt as to the genuineness of the treatment given them. The physician must not let them know what he is up to, not even the patient. This

makes it rather difficult to get the best effect of the hypnotic treatment.

It is important that the cure of a case should not be attempted unless it can be successfully terminated, for a failure is more demoralizing to the patient and discouraging to his friends than the original condition without treatment.

GEO. H. DENIKE, M.D.

Clinton, N. Y.

Points.

Editor MEDICAL WORLD:—Peroxid of hydrogen (or hydrozone) has come to be relied on in my practise to move mucus from the throat, thru and out the intestines. Salicylic acid heals mucus patches in the mouth faster than any other cleanser, and smarts less than boric acid. Jaborandi sweats stopt persistent hiccup caused by acute hepatic congestion after other remedies had failed.

Franklin, Iowa. J. P. DICKSON, M.D.

Treatment of Puerperal Septicemia.

Editor MEDICAL WORLD:—On January 19th last I was called, about 4 a.m., in consultation to see a Mrs. T., who had been in labor four days. Upon examination, found that the child was dead, but engaged low in the pelvis. I at once applied instruments and completed the delivery, the placenta being delivered in turn without any trouble, except slight post-hemorrhage. One hour later we left patient in good condition; but four days afterward I was again called to see her, and found her with a fever of 105°, pulse 140, abdomen tympanitic, tongue dry and brown, skin covered with clammy perspiration, breathing shallow and quick, and lochia arrested. Realizing the gravity of the case, I at once curetted the womb with a dull curette, flushing it out at the same time with a 5 per cent. solution of Parke, Davis & Co.'s mercuriol, after which I packed the womb with gauze saturated with the above solution, and injected into the gluteal muscles 10 cc. of Parke, Davis & Co.'s antistreptococic serum, put the patient on strychnin nitrate, gr. 1-30, every three hours.

Returned next day and found condition improved; temperature 103.5°, pulse 124, abdominal tympany less. Repeated the procedures of the day before, added liquid peptonoids for nourishment, and lengthened strychnia to four hours.

On the following or third day the fever

was 100 4 5°, pulse 100 and fairly strong ; no tympany, patient in good spirits. Administered the same treatment as the two previous days, and on the following or fourth day the temperature was normal, where it remained until I discharged her, on February 4th, well.

I merely report this case because it is the fourth time I have had occasion to apply this same treatment in similar cases and with like success.

Woodstock, Md. H. F. SHIPLEY, M.D.

Editor MEDICAL WORLD:—Here's my mite:

FOR INDIGESTION.

R

Powdered rhubarb.....dr. ij
Bicarbonate of soda.....dr. j
Tr. nux vomica.....dr. j
Oil peppermint.....gtts. v
Water and alcohol to make.....oz. iv

Shake together well. One teaspoonful in water three times daily after meals.

This acts well in a majority of cases. How do you prepare normal salt solution? What are the indications for its use? What quantity and how do you use it? What kind, and how do you use petrolatum in sore throat?

Bethlehem, Ga. J. J. BRIDGES, M.D.

Treatment for Conjunctivitis.

Editor MEDICAL WORLD:—I wish to report a good treatment for conjunctivitis, acute or chronic. Take equal parts of bicarbonate of soda and biborate of soda (c. p.); mix well by trituration in a mortar. I keep a quantity of this on hand in the office in a glass jar. When a case of "sore eyes" presents itself I put about half a teaspoonful of this alkalin mixture into a glass finger-bowl, kept on the table, strictly clean, and add about two ounces of warm water and see that the soda mixture is well dissolved. I then wrap absorbent cotton on a probe or anything used for a cotton swab, evert upper lid of patient's eye and swab the conjunctival surface well several times with the swab well saturated with the alkalin solution. If the case is chronic, with granulations, I rub hard with swab until granulations bleed, wetting swab often in the warm alkalin solution; also with a dropper flush the whole conjunctival surface with the solution. After this I use a weak cocain solution (5 grs. to 1 oz. of water)

on the raw and inflamed surfaces. I treat the case in this manner every day, and it is wonderful how rapidly a cure will be brought about. Sometimes I make the solution stronger for granular cases.

This treatment gives no pain to speak of, and it is way ahead of blue stone, silver nitrate, zinc sulfate, etc.

For an eye lotion this:

R

Sodæ bicarb. c. p. gr. x
Sodæ biborate c. p. aa gr. x
Trit. well et add :
Cocain hydro. Merck's. gr. j
Aqua dest. f. oz. ij

M. Sig.—A few drops in the eye every two or three hours.

Spring Valley, Minn. R. L. MOORE, M.D.

Menorrhagia.

Editor MEDICAL WORLD:—The busy physician is frequently consulted for this affection, also for chronic metrorrhagia. Most of these cases are amenable to proper medical treatment. The wise and progressive physician is always seeking for the best and most successful treatment of disease.

In former years I have used the oil of erigeron, the oil of cinnamon and the tincture of hamamelis in the above affections with fair results. During the last year my experience has been very satisfactory with the following combination in pill:

R

Oil erigeron ½ gr.
Oil cinnamon ½ gr.
Hamamelin ½ gr.

I prescribe one pill at a dose, and from one to six hours apart. I usually order them dissolved in a little hot water. The pills that I have been using are manufactured by the G. F. Harvey Company, of Saratoga, N. Y., and are a good preparation. During the last six months I have cured two difficult cases with these menorrhagic pills.

One was a case of menorrhagia in a maiden lady who was near the menopause. This case was of several weeks' standing, and all the remedies given by her physician had failed to do her any good. I was called to see the case and prescribed the menorrhagic pills. These effected a change for the better in a few days, and finally a cure.

The other case was one of metrorrhagia

in a multipara, about four months along in pregnancy. Her medical attendant, an able physician, said he could not do anything for her unless he emptied the womb. This patient was averse to such a procedure, and I was called to take charge of the case. It seemed an unpromising case for medical treatment. This patient suffered a severe laceration of the cervix uteri in her first confinement. Whether this lesion or a vicious attachment of the placenta caused the hemorrhage I was unable to determine. However, rest and the use of the pills produced a wonderful result, no more flowing, and every prospect of going to full term.

I could cite many more cases in which this treatment has been effectual. I am aware that we must individualize, and treat the patient; but unless there are some indications for special treatment, I resort to this combination with the utmost confidence. Patrick Henry said: "I have but one lamp by which my feet are guided, and that is the lamp of *experience*." I know that "experience teaches slowly and at the cost of mistake," so we ought to give the medical profession the benefit of our experience.

GEO. R. MITCHELL, M.D.

Richland Center, Wis.

Chat.

Editor MEDICAL WORLD:—I read more of the articles in THE MEDICAL WORLD than of any journal that I take. They are generally short and spicy. I do not endorse them all by any means; but we often receive as much benefit in reading an article that we do not agree with as when we read one we believe to be correct. THE WORLD has many of both. Some men will rush into print to record their treatment of one case that has recovered, thinking all other similar cases will do likewise, when perhaps more experience will prove that the case recovered in spite of the treatment. The facts are, we have no specifics in medicine and never will have in the true sense. The various peculiarities of the individual, age, climatic influence, food, habits and many other circumstances all have their influence to prevent us having true specifics. Medicine never can be an exact science. The minds of the medical profession prove this; they cannot agree on any one thing unless it be that when one itches it is a pleasure to scratch.

The fact is that homeopathy has taught us many things; among them, that nearly all our acute diseases have a strong natural tendency to recover if given good hygienic surroundings, and the confidence of the patient secured. The medication of pure homeopathy never influenced cure in the least. They also taught us the value of pleasant medicines, and now we can secure medicine in as pleasant forms with correct and different dosage. The fraudulent homeopath uses the name for an advertisement, and makes use of remedies much as the regular. I am sorry to say, I think this class the more numerous. They are not so lacking in ability as honor. I pity the earnest devotee to the system. The other class is dishonest to the system, to themselves and to the patient. The eclectics are another class from which we learn some things. They experiment on men with every plant and herb, looking for specifics—a noble idea but not attainable, except to the imagination, which has many specifics.

It is the "regular" school of medicine that has made the greatest advances in all the different branches of medicine and surgery. "Regulars" bring experience and all the sciences to their aid. They are not bound by any isms nor pathies. They are free to use every agency in the universe, in any form or size of dose that in the individual opinion will best cure his patient in the shortest time. And being so numerous, they have all kinds of minds in their ranks.

The mechanical part of surgery has attained great perfection, but the results will never reach a mathematical certainty.

What caused me to write this, Mr. Editor, is your invitation to Dr. A. P. Bowie to write an article on the homeopathic treatment of grip (MARCH WORLD, page 105). I say yes, by all means, have him write. Also Dr. W. C. McCutcheon's article, "Determination of Sex" (page 108). That is one of the things we will not be able to control or do more than guess at. I think the doctor may have been a lucky guesser. His theory is no doubt as good as any theory.

JOHN BINNIE.

Poynette, Wis.

Dear Doctor:—Inclosed find \$1.00 for THE WORLD for 1900. I like your style and you will never do as well as I wish, or as you deserve. I mean that no matter how well you do, you will never be sufficiently repaid for the stand you have taken and labor performed in the cause of humanity.

Bristol, R. I.

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Quiz Column.

Editor MEDICAL WORLD:—If you can do so, I would thank you to publish the formula of "Peruna."

E. R. TURNBULL, M.D.

Lawrenceville, Va.

[No satisfactory working formula of Peruna has been published. It is probably but an alcoholic tincture of simple bitters.—Ed.]

Editor MEDICAL WORLD:—Can you give me the formula of "Swamp Root," and also that of the "Church Kidney Cure?" Both are extensively advertised and used in this section, and many inquiries are made concerning them.

Joplin, Mo. M. B. HARUTUN, M.D.

[We are unable to find the formula for either nostrum. Can any reader send the Doctor a reliable working formula?—Ed.]

Elixir for Disguising the Taste of Disagreeable Medicines.

Editor MEDICAL WORLD:—Please give a good formula for an elixir to cover the taste of disagreeable medicine.

DR. S. J. SMITH.

University Place, Neb.

Precip. calcium phosphate . . .	1 ounce
Tincture cardamom compound . .	1½ drams
Extract of vanilla, fluid	1½ drams
Oil coriander	
Oil cloves	
Oil caraway of each	2 minims
Oil orange	
Oil lemon of each	½ dram
Alcohol	18 ounces
Distilled water	34 ounces
Granulated sugar	25 ounces

Mix oils with alcohol and add calcium phosphate, and then the water. Place a little cotton in bottom of percolator, and pour in the sugar. Then pour on the liquids. Return the percolate till it runs thru clear and brilliant.

This is an excellent formula.—Ed.]

How to Pack the Uterus with Gauze.

Editor MEDICAL WORLD:—Please inform me thru the Quiz Column what is the best method of packing the uterus with gauze.

Cushing, Wis.

"INQUIRER."

[Make vulva, vagina, and pubic hair steril by use of soap and water, followed by creolin, five drams to the pint of water. Sterilize operator's hands and instruments. Dilate the cervix. Insert any form of intra-uterin speculum. Have the gauze in long strips, and pass direct from the jar thru the speculum. Pack tightly from the fundus, and allow a strip to protrude from

the os to facilitate removal. Pack the vagina lightly, and douche the vulva with bi-chlorid of mercury solution, 1 to 3000 after each urination or bowel motion. Do not permit the tampon to remain in place over eighteen hours, and in cases of likely infection, it is best to change it in twelve hours. The tamponing may be done in any of the approved positions. The newly advertised gauze carriers should be a great convenience, but the older patterns were satisfactory. Little skill is required; perfect dilation of the os, and thoro asepsis are the main essentials to success.—Ed.]

Writing on Glass.

Editor MEDICAL WORLD:—Please give me a method of writing on glass. I am a country doctor, and in carrying drugs in the saddle bags, the labels often come off and leave me in doubt as to just what drugs are in the various bottles.

Wheat, Tenn. J. BLAIR CROSS, M.D.

[The many formulas for etching on glass are unsatisfactory. Get a few triangular files at the hardware store. Break off small portions at a time by holding against some iron substance, and striking a sharp blow with hammer. The sharp corners will cut glass as easily as a diamond, for a time; when they wear smooth, another section may be broken off. A little practise will enable you to make an artistic label that will always be legible.—Ed.]

The Removal of Superfluous Hair.

Editor MEDICAL WORLD:—I should be glad to have the Editor and readers of THE WORLD give their experience in the removal of superfluous hair. What, if anything, have they found successful? I have used the electric needle, but in my hands it has proven painful and is far from successful. I have noticed mention of a remedy called "Antipilus," prepared by the Labordine Pharmacal Company in that "much medicin" town of St. Louis, Mo. This remedy has the endorsement of physicians. I had my pharmacist get some for me; it is precious, for the bottle held one dram and cost one dollar. It is a water white liquid with the odor of hydrogen sulfid, and dries on the skin with a yellow crust. I followed the directions implicitly, and while it destroyed the hair, it had no effect on the roots. Has any reader had any experience with this or any other remedy? and what has been

their success? THE WORLD is a necessity in trouble, and we turn to it as we do to our Bible.

"WANT," M.D.

Columbus, Ohio.

[There is no known painless method of depilation. The protracted and painful electrical method will yield unsatisfactory results in the hands of the most expert operator. Chemical agents can never reach every root, tho it is possible to rapidly annihilate every hair on the surface thru the application of numerous remedies. We have no knowledge of "Antipilus."

Superfluous hair may be removed by shaving, pulling the hair out, or the application of medicinal agents. The best medicinal agent which Duhring has commended is the following:

♂
Barium sulfid drams 2
Pulverized zinc oxid
Pulverized starch Of each drams 3

Make into a paste with water and spread upon the hairy area. As soon as a burning sensation is complained of, remove the application; ten to fifteen minutes should suffice. Follow with any bland ointment, such as vaselin. Repeat the treatment every few days as required. This removes all the hair, but it again reappears. Any chemical which has the power to destroy the hair follicle deep in the skin must also destroy the skin. Direct depilation has been advised; it is not nearly so painful as electrolysis, if carefully performed. Each individual hair is grasped firmly with small forceps and quickly removed. Any bland ointment is applied after each seance. It is the most satisfactory method. Do not waste time or money on chemical depilatories.—Ed]

An Abdominal Problem.

Editor MEDICAL WORLD:—Please give me advice as to diagnosis and treatment on the following case: Female, sixty-seven years of age, good family history, has lived on farm all her life, in comfortable circumstances, excellent health except during attacks. The attack comes on with nausea and retching, but without profuse vomit; she suffers from rigors and pain in head. Thirst during attacks is insatiable. Abdominal muscles are tense, and she complains of a burning sensation over the entire abdomen. Pulse is 80; temperature 101° F.; tongue is red and flabby with thick coating at the base. Treated

her by mustard plasters to the stomachic area; mercury to purgation; pepsin, peppermint, and allied drugs. Ice was given to swallow. After a long interval, attacks recur. She improves under medication, but the sickness persists for some two or three weeks. At times the attacks come on with chills and aching, but without vomiting. There is tenderness in the hepatic region. At such times she had mercury to purgation, followed by quinin and muriate of ammonia every four hours. She has also had nitro-muriatic acid. She improves for a week or ten days and then relapses. Would like to hear from the Editor and the family, both on diagnosis and treatment. H. C. LEEMLY, M.D.

Schofield Mo.

[You have attacks of acute indigestion, which may possibly be due to gall stones, or appendiceal involvement. Examine stool carefully after each attack. Examine the appendix externally and thru the rectum. Give her rigid dietary instructions. Keep her constantly on the acid and pepsin mixture. The burning over the abdomen is a relex from irritation. See that she eats only enuf to nourish her, and that she masticates well. Old people always eat too much. The repeated attacks of indigestion have set up a chronic sub-acute gastritis, and any dietary indisposition will provoke an attack. Do not treat the symptoms so much by drugs; treat the patient more by hygiene and dietetics. We suggest nitrate of silver in $\frac{1}{2}$ grain doses, in solution, before meals. Phosphate of soda in full dosage between attacks will be the best laxativ and hepatic stimulant you can give. Let us hear from her again with comments on our suggestions.—Ed.]

How to Get Rid of Bores.

Editor MEDICAL WORLD:—When I am busy at my desk with books, accounts, letters, etc., many good patients and personal friends "drop in for an hour's chat." What can I do? I must be pleasant with them, yet after they leave, I must do my work when I should be sleeping. I have tried getting on my coat and picking up my case, but they have come back in five minutes for something they had forgotten, and found me at my desk work: the denouement was embarrassing for me. You can never convince a layman that a doctor has anything to do but ride in a buggy to see patients; they

believe that if they can catch him on a chair in his office, that he will enjoy an hour's gossip while he is resting. Their conception never includes any office work. How can I get rid of such people without offending them? T. C. SPLEYNER, M.D. Pittsburgh, Pa.

[Talk pleasantly for a while, then say, "Is there anything I can do for you?" If this does not work, ask them to excuse you as you must get some bills made out. This will give a hint that cannot be dodged.—Ed.]

Was It Suffocativ Bronchitis?

Editor MEDICAL WORLD:—Had a little male patient five years old who was just in the desquamativ stage of recovery from measles. He was suddenly taken with distress respiration. His temperature was 103° F., and he had numerous crackling rales over both lungs posteriorly. Countenance bore an anxious and distress look, and the breathing was stertorous, but there was no play of the alae of nose. I gave monobromate of camphor, caffeine, and acetanilid, five grains. Steam was inhaled from a croup kettle containing Seiler's tablets in the water. In a short time the boy breathed easier; depression disappeared; temperature sought the normal; and in three days he was well. I had applied the cotton jacket to the chest, and gave small doses of carbonate and chlorid of ammonia. My diagnosis was suffocativ bronchitis. Is this a synonym of suffocativ catarrh? Bronchitis (capillary) has complicated nearly every case of measles that came under my observation this winter. L. THOMPSON, M.D., Ph.G. Utica, Ills.

[You did not give the proportions of your five grain mixture. As you state it, it suggests a pretty stiff dose of acetanilid for a five year old child. However, you got the results, and that disarms criticism. You did not have a case of the true suffocativ catarrh of Laennec. You had, no doubt, an intense hyperemia of the bronchial tubes, which might have developed into suffocativ catarrh or pneumonia, had you not attacked it so capably. Atmospheric conditions and nursing regulate the frequency of respiratory complications and sequelae of measles. Come and see us again; your communication was clear, concise, and professional, and THE WORLD needs to hear from such men often.—Ed.]

How to Make an Alum Ointment Smooth.

Editor MEDICAL WORLD:—In many urgent cases I make an ointment, or salve, in which I incorporate pulverized alum. I am not able to get the ointment soft and smooth like vaseline; it cuts like sand. Please tell me how to get that gritty condition out of the pulverized alum, so that the ointment will spread soft and smooth.

Antioch, Mo. DR. H. C. SKIRVIN.

[Boil your alum with a small quantity of water until you get a saturated solution. If other powders are used in the ointment, add them to the alum solution gradually, and stir till smooth, and then add to ointment. If you find too much water is employed, you can use some anhydrous lanolin, which will take up much more water than vaseline, and which makes an admirable base for any local application. This will take all the "gritty" character from your preparation.—Ed.]

Are Acetanilid and Sweet Spirits of Nitre Incompatible?

Editor MEDICAL WORLD:—I am very strongly impressed that some years ago I saw in THE WORLD or some other medical magazine, an article in which some physician claimed to have discovered that acetanilid and spirit of nitrous ether were incompatible, and that when blended in a prescription, a poisonous compound would result. Also that death had occurred from the ingestion of such a combination. Can the Editor or any reader of THE WORLD tell if this is true? J. D. HART, M.D. Eddyville, Ills.

[Acetanilid is not chemically compatible with spirit of nitrous ether; it produces a green coloration in combination. We do not remember, and cannot cite you to any fatal case of poisoning from such combination, and we are not aware that the perfect knowledge of the chemical changes involved are yet thoroly understood. It is well to prescribe the drugs separately, and direct dosage to be separate, until fuller investigation proves where the danger, if any, lies.—Ed.]

Chronic Rheumatic Arthritis.

Editor MEDICAL WORLD:—I am afflicted with chronic rheumatic arthritis, of eighteen years' standing. Aged forty-one, complexion light, married twenty years. Good appetite. Pulse 68; temperature normal.

Bowels inclined to constipation. Urin contains uric acid; and after standing deposits "brick dust." Skin is dry and scaly. Some edema of feet. Knees are flext one-half, and elbows so ankylosed that I cannot place my hand to face. All phalanges are ankylosed. I have not walkt in twelve years. Now have pain in right arm. I would like to hear from THE WORLD, if you think the Editor or family can give any relief. Please give me the best formula for chronic rheumatic arthritis. I have temporary relief from macrotys, bryonia, gaultheria, alkalithia, and Dover's powders. W. E. WOLVERTON, M.D.

Hartshorne, Indian Territory.

[Eighteen years of chronic rheumatic arthritis will have involved articular tissues, osseous and ligamentous, to a degree precluding hope of complete recovery. No drug nor combination of drugs will do more than give fleeting relief. Persistent massage of the affected joints combined with continued use of the hot air treatment will partially restore motion and power. Endeavor to regulate the bowels by diet, massage, ingestion of fluids, and judicious mastication; rather than by laxativ or cathartic medicins. Have you had the urin carefully examined? The "brick dust" deposit is only significant of lack of exercise and, if you will pardon us, probably excessiv ingestion of food: one who cannot walk needs but little food, even tho the appetite be good. The edema of feet would suggest possible kidney involvement. Have you had a good doctor examin your heart and urin? Do not try to do it yourself, or to have it done under your supervision.

If your heart remains intact, and the kidneys are not too greatly damaged, you will improve on the lines we have laid down. It will take long and devoted work. We hope you have a loving and capable wife. Write Frederick Stearns & Co., Detroit, Michigan, concerning their offer of free expert microscopical examination, and send them your urin. Get "Uric Acid as a Factor in the Causation of Disease," by Haig (P. Blakiston's Son & Co., Philadelphia, Pa., \$3.00). Send for the "Hand-book of Medical Gymnastics," by Wide (Publisht by Funk & Wagnalls Co., of New York, N. Y.) Use the hot air apparatus and massage persistently. Your case is a severe one. We hope to have you follow directions completely and report results later. You must be per-

sistent in treatment. Don't expect magical results from a "best formula." Use as few drugs as possible, outside those mild alkalis calculated to keep the urin from becoming too acid. Ingest all the water possible. Avoid dark meats. Eat only sufficient to keep the body nourisht.—Ed.]

Editor MEDICAL WORLD:—G. F., a single man of 28 years, in good health, no bad habits except that of masturbation, which he has practised once a week since his twelfth year. The testicles ceased growing in boyhood, and the scrotum is now smooth, pendulous, and resembles that of an aged man rather than of a young healthy man. He has had no emissions for four years. Erections are full and complete. He has had ozonized palmetto, and hot bathing of the genitals night and morning for last two months, but without results. Now, are these atrophied testicles due to masturbation? Can they be restored to normal size again, and how? Patient wishes to marry in a few months and would like to know if he can have natural and normal intercourse, and good offspring, if any.

Mo.

A NEW SUBSCRIBER.

[Masturbation to excess would atrophy the testicles, particularly early in life; but later in life, once each week would not be so likely to affect the size of the testicles. Bathe the scrotum twice or three times daily in ice water; the hot water induces relaxation rather than producing stimulation. He may safely marry, since the erections are full and complete. His virility can only be proven by microscopical examination of the semen just after emission; if the spermatozoa are normal, and mobile, he will have a good chance to have healthy children. Testicles vary much in size in different men, and it is probable that your patient has small sized testicles naturally. No treatment will influence the size of the testicle. Insist on the patient appreciating the fact that nearly every boy practices masturbation. Give him confidence. Convince him that the world does not revolve around his scrotum, and that if he marries he will do as well as other men. In order to inspire confidence, it is justifiable for you to say rather more than you feel sure of yourself—it is so important that such a patient have the full benefit of self-confidence.—Ed.]

Editor MEDICAL WORLD:—I would like to ask the older members of the profession, say of twenty years and more of active professional life, the following question: In how many cases, after an abortion, miscarriage or normal labor, have you, when there was a nasty discharge from the womb, performed the active operation of curetting with the instrument? Do you think it necessary in many cases? and when? I ask it because our very modern men who sniff the air far above the rest pretend, when they follow in our footsteps in such a case, "utter neglect" by those who do not at once put the woman under chloroform and curette.

Milwaukee, Wis. G. SCHMIDT, M.D.

Sterility.

Editor MEDICAL WORLD:—I have a married couple who are very anxious to have children. They have been married over two years. Both are healthy and never have had any sexual diseases. The sexual organs of both are normal, and the sexual act is entirely complete and simultaneous. Menstruation is regular and normal. The cervix was dilated with tents, as it seemed small and I thought perhaps it prevented the ingress of the spermatozoa. At the same time tampons of wool were used after coitus, as the semen had a tendency to flow out of the vagina. This treatment did no good. Will your readers suggest treatment?

ILLINOIS.

Transmission of Rabies.

Editor MEDICAL WORLD:—On February 13, V. W. got a scratch on the wrist from a favorite dog. On February 16 the dog began snapping at other dogs, and saliva dribbled from his mouth. On February 17 the dog left home, and was killed after having had a convulsion. If the dog had rabies (which I conclude he had when killed), do you think his saliva would be infectious four days before death, or three days before the development of the first symptom? If so, what is the best preventive treatment? What does the profession in general think of the mad stone? I would like to hear from the Editor and others.

JESSE EWELL, M.D.

Ruckersville, Va.

[We are inclined to think that a dog could not transmit rabies until actually suffering from the disease. The exact time at which the disease develops is hard

to determine. It is unfortunate that the dog was killed; it is much better to save the dog alive in some safe inclosure, for purposes of observation. The probabilities are that your patient has not been infected; but there is no certain way of being absolutely sure. There is no preventive treatment except the Pasteur treatment. This has not always proven satisfactory. The profession have branded the "mad stone" as one of the kings of "fakes."—Ed.]

Is it Tumor of Cerebellum?

Editor MEDICAL WORLD:—Mrs. B., age 52, mother of nine children, has been a very healthy woman until eight or nine months ago, when she began to be troubled with tinnitus aurium, which gradually grew more severe. About eight weeks ago the occipital and the frontal part of her head began to ache. Some days it was very severe. When she took to her bed, four weeks ago, I was called. I found tenderness over the cervical region and mastoid processes; staggering gait, a tendency to fall forward when walking, and as tho she wished to step high. Some nausea; tingling sensation in the leg below the knee, with some little tenderness from knee to around the ankle. She states that there is a little numbness of tips of fingers when she sits up or rises to her feet. She is troubled with vertigo. It was troubling her before her head began to ache. Kidney secretion normal. Troubled with constipation. Temperature ranges from 98° to 99°. Pulse 84 to 96. The tongue deviates to the right.

J. W. HUDDLESON, M.D.

Murphysville, Ky.

Current Medical Thought.

[Crowded out this month.]

Our Monthly Talk.

The Philadelphia North American, an enterprising and out-spoken Republican paper, editorially says as follows:

SOLDIERS MAKE MARKETS.

The Treasury Department, thru the Bureau of Statistics, deplors the great falling off in exports from the United States to China since the beginning of hostilities. It puts the loss at 50 per cent. in the last seven months. In practically all of the articles other than those required by the troops in the field there has been a marked decrease, the reduction being greatest in those articles which enter into the daily requirements of the life of the native people.

Evidently what is needed to stimulate trade with China is to send a larger force of American troops across the Pacific. Then the volume of exports from this country will rise rap-

idly. Consider how commerce with the Philippines has grown. Only a few weeks ago the Bureau of Statistics gave out a statement showing how our imports into the Philippines, since 70,000 troops had been stationed in the islands, had increased nearly tenfold. True, they had risen last year to only \$1,660,000, of which about one-fifth was represented by whisky and beer for the officers and men, and as much more by fodder for animals used in connection with the army, but the per cent. increase was most flattering. Of course, if the troops had remained at home the whisky and beer would not have been consumed in the Philippines, and our trade with the islands would not have grown so fast in other lines, so that the world would have known nothing about the extent of our business.

The conclusion to be drawn from the Treasury Department's reports on Oriental trade is obviously this: If the Chinese and Malays will not purchase as much from us as we want to sell them, we must send armies abroad to compel them to buy. If they still refuse to help build up our foreign trade, our soldiers and the camp followers will be of the greatest assistance in making a favorable report. The Bureau of Statistics has proved what an excellent plan it is to export American soldiers to the Philippines to buy American exports.

Would you call this an "eye opener?" If so, shall we open our eyes and look? And what shall we see? We shall see that the doctrine, "trade follows the flag," is a delusion and a snare. It is not right to get trade by the sword, and such attempts usually fail, as they should. When such attempts succeed, the cost is greater than the gain. It does not pay, and it should not pay.

On the contrary, our trade has entered many parts of the world where we would not even think of sending our bayonets, and there our "arts of peace" are winning notable victories. From a military point of view, we are at peace with Great Britain; yet we have gone in her own territory in Africa and built bridges, winning over British contractors on account of superior skill, more prompt completion of contract, and lower prices. This is but one illustration of our invasion of British territory, heretofore considered secure to the English iron-masters. As a consequence, our iron and steel interests are flourishing; but the cruel part of it is that the working men in the iron districts of England are suffering. The point I wish to show is this: These trade victories have not been won by bayonets, nor have they "followed the flag." They have been won by the arts of peace. Do you see it?

This is only a small part of the story. Our agricultural and other machinery is very extensively used in Germany, Russia and all over Europe—all over the world, in fact. Our locomotives, sewing machines, typewriters, etc., are known in every country and every clime. No "following the flag" in this. These trade "expansions" have been going on for a very long time, and are continually increasing, but if we beat our tools of the peaceful arts into bayonets and swords, we may expect our extensive and "expanding" trade relations to rapidly contract.

It is strange that many people don't see anything but the "band-wagon effect." With them the band-wagon is the whole circus; a military dress parade is the whole national existence! Let us get over our "band-wagon days" and our "drum-major days," and in the consciousness of full-fledged faculties, let us look at facts as they are, and also consider right and justice, as we would wish right and justice for ourselves.

Our Tax Burden.

Probable appropriations of the Fifty-sixth Congress, \$1,500,000,000; per capita, \$30.

Money in circulation in the United States January 1, 1901, \$2,173,351,879; per capita, \$38.19.

This simple statement gives a better idea of the wholesale raiding of the Treasury by the present Congress than a page of figures. It is not exaggerated; indeed, the amount of the appropriations is more likely underestimated.

Not since the Civil War has the per capita of expenditures been so high, and not since the year 1868, when the effects of the great sectional struggle had not yet been felt at the Treasury, has it been half so high. This is remarkable, but it is also true. More startling still is the fact that only in three of the four years that that great war lasted did the per capita of expenditures exceed the present amount and then, with the exception of 1864, by only a few dollars.

The following table shows the per capita of expenditures each year from 1867 to 1901, the figures for the last named year being conservatively estimated:

Year.	Net Expenses.	Per Capita on Expenditures.
1867.....	\$37,248,496.00	\$2.38
1868.....	33,865,059.00	2.10
1869.....	26,899,128.00	1.62
1870.....	24,817,579.00	1.42
1871.....	26,565,873.00	1.61
1872.....	25,206,761.00	1.39
1873 (6 months).....	11,858,075.00	1.27
1874.....	22,337,571.00	1.16
1875.....	22,937,408.00	1.15
1876.....	27,766,925.00	1.35
1877.....	57,281,412.00	2.71
1878.....	45,377,225.00	2.08
1879.....	45,051,667.00	2.00
1880.....	39,543,492.00	1.71
1881.....	47,709,017.00	1.91
1882.....	44,194,919.00	1.78
1883.....	48,184,111.00	1.88
1884.....	58,044,862.00	2.20
1885.....	59,742,668.00	2.19
1886.....	69,571,026.00	2.48
1887.....	67,795,708.00	2.34
1888.....	74,185,270.00	2.49
1889.....	69,070,977.00	2.26
1890.....	63,130,598.00	2.01
1891.....	66,546,645.00	2.06
1892.....	474,761,819.00	21.52
1893.....	714,740,725.00	21.42
1894.....	865,322,614.00	25.42
1895.....	1,297,555,224.00	37.34
1896.....	520,809,417.00	14.68
1897.....	357,542,675.00	9.87
1898.....	377,340,285.00	10.21
1899.....	322,865,278.00	8.56
1870.....	309,638,561.00	8.03
1871.....	292,177,188.00	7.39
1872.....	277,517,963.00	6.84
1873.....	290,345,245.00	6.97
1874.....	302,633,873.00	7.07
1875.....	274,628,398.00	6.25
1876.....	265,101,065.00	5.87
1877.....	241,834,475.00	5.21
1878.....	236,964,327.00	4.98
1879.....	166,947,884.00	5.46
1880.....	237,642,958.00	5.34
1881.....	260,712,888.00	5.06
1882.....	257,981,440.00	4.91
1883.....	265,408,138.00	4.91
1884.....	244,126,244.00	4.44
1885.....	260,226,985.00	4.63
1886.....	242,483,138.00	4.22
1887.....	267,932,179.00	4.56
1888.....	267,924,801.00	4.46
1889.....	299,288,978.00	4.88
1890.....	318,040,710.00	5.07
1891.....	365,773,905.35	5.78
1892.....	345,028,330.58	5.39
1893.....	338,477,954.49	5.78
1894.....	367,525,279.83	5.43
1895.....	356,195,298.29	5.16
1896.....	352,179,446.08	5.01
1897.....	365,774,159.67	5.11
1898.....	443,388,582.80	6.07
1899.....	605,072,179.85	9.14
1900.....	487,713,781.71	6.39
1901-1902 (Est.).....	1,500,000,000.00	20.00

The appropriations for the fiscal year made by the present Congress at its first session was \$710,150,962. The regular annual estimates of appropriations

(Continued on next page.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter *z*) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue);

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

The Use of Books.

Most physicians buy books without exercising good judgment; and use, or fail to use them with no better acumen. The books are too often bought on the strength of some solicitor's vivid description, or after a cursory examination of a few illustrations. They are then placed on the shelf "for reference." When the emergency occurs, the books are hastily consulted, and are generally found valueless.

The lack of satisfaction is due but seldom to deficiency in the book. The doctor has only himself to blame. He made no judicious selection of the work suited to his needs, and after getting the work, never became familiar with it. Authors are not wholly without fault. They issue a book suited only to the specialist and permit it to be commended to both specialist and general practitioner. Or, they make the fatal error of trying to issue a work suited to both. Specialists are presumed to be erudite, and their books should give all the technicalities and details. The general practitioner wants his book well boiled down; he is satisfied to take the judgment of a man who has seen a thousand cases of a particular complaint, where he has had but one. He

only wants to know what the experience of the other man has taught regarding the nature of the disease, and the best methods of relief and cure. It is seldom possible for the most versatile writer to combine in one volume the matter suited to all classes of practitioners. Medical literature is now so prolific that books may be selected to suit the needs of each practitioner, if he but exercise the proper care in their selection. We believe that the day of massive systems of medicine and surgery will soon pass away. Even now many of the publishers are issuing works of large dimensions, in separate volumes so constituted that any may be bought singly, and each will be complete in itself.

The general practitioner needs to exercise more discretion than his favored brother—the specialist. The specialist is presumed to have all the books touching his specialty; the general practitioner can not hope to have. He should read the reviews published by all medical journals and see in what estimation the various books are held by different editors; he may thus form a fair conception as to the manner of book he is buying, even before he has seen it. When the book is purchased, the owner should keep it on his desk until he has become familiar with its contents, and he should carefully mark portions that promise to be of value in an emergency. The book will then become really a part of his equipment. He can then put it up in his book case feeling that he has a friend and helper ever ready for service in time of need.

Many small and inexpensive books are now being published upon the various specialties, and no practitioner has any excuse for poor book equipment. We take especial pride in our reviewing column. We want our readers to read it as well as other parts of the magazine. The labor of studying all these books is cheerfully undertaken for the benefit of *WORLD* readers, and we do not want to see any reader lose the fruits of this labor of love.

The Passing of the Coroner.

The office of Coroner as conducted in the United States today, is a relic of medieval times. We might still consistently call them "Crowners," as they did then. Just what exact facts regarding the manner of death may be ascertained by a man who knows nothing of anatomy or pathology must remain a query. The coroner is seldom a doctor, and in very many inquests the doctor is not in attendance. With the jury as ignorant as the "judge," it is little wonder that such lugubriously humorous verdicts are so often returned.

In case a postmortem is ordered, the verdict of the operating physician is always taken without question. If he is then to be in fact both judge and jury, why should he not reap the benefit of his skill and knowledge, instead of having the fees go to a coroner and a jury? As a matter of actual fact, the doctor does the work, judges the case, and renders the decision. He gets about \$10.00 for his postmortem work, time, expenses and witness fees; the jurymen get about \$1.50; the coroner gets a nice big fee; and the county gets no information for their expense, except what the doctor has furnished.

The office of coroner, in populous counties, pays enough to justify it being sought by capable physicians, if they would rise to the need. With a physician coroner, and a physician witness, even if the present ludicrous jury system maintain, the chances of getting at the base of truth and justice would be much greater. A better plan would be to have a coroner appointed from a list of capable physicians, at a salary that would justify; let him summon witnesses, if there be any. If in doubt on pathology, let him summon other physicians at fair remuneration.

On account of the inefficiency and antiquated nature of the present system, a bill has been introduced into the New York Legislature providing for a new

system. The scope of the bill is logical, and it is stated that, if adopted, it will save the State \$100,000.00 yearly. It recognizes that, in an inquest, two things are to be determined. First, if a crime has been committed; this is naturally a function of the police. Second, the manner of death; this is exclusively the function of a trained physician.

The office of coroner has long been a nice political job; and the inefficiency of the service has not troubled the politicians. The time has come for a revolt; and if the physicians do not lead the assault, the denouement may be long delayed. We want to prod every WORLD reader to active work for the profession, for themselves, and for humanity. Each reader has a certain definite influence with legislators, and if this were exercised regularly and persistently, we could keep all the legislatures interested and uneasy. The indifference of the medical profession to their best interests has long been a joke among politicians, because they realize that if we would exercise our power we could drift most public questions our way.

Culpable Neglect of Venereal Affections by the General Practitioner.

There are probably no items of general practise upon which the average practitioner of ten years standing is as deficient as in the modern scientific treatment of venereal affections. Why this should be is explained by two statements. Ten years ago, facilities for clinical instruction were very inferior; and because the subject was practically ignored clinically, the doctor became callous or indifferent, and never worked the subject up properly after leaving college. The second reason is that many practitioners treat these cases carelessly because they do not seek that kind of practise: they personally dislike it, and they dread the reputation of being a "pox-doctor."

This is all wrong. There is no excuse for ignorance on the doctor's part concerning affections which afflict so many. We dare not skulk behind the plea that the patient's suffering is the result of sin, and he should be allowed to bear it without

either our commiseration or skill; at least, until we may assert confidently that any disease is not the result of sin or indiscretion on the part of the victim or some other. That the affections are filthy, gives no better dismissal; many of our duties are as unattractive. The patient may have sinned; and he may be an innocent victim of the sins of others; but the doctor's idea of duty should scorch his conscience into activity when he dares neglect these unfortunates. You are neither judge nor executioner; you are the priest of things physical, to whom the unfortunate turns in his extremity, and you are bound by every true professional feeling to do all you can to relieve him; and moreover, you should be qualified to do this properly. We make no specialty of venereal troubles, but every chancre "touches our heart," tho we touch it as little as possible with our fingers. We are touched when we think of innocent posterity, and we suffer in soul when we realize the possibilities awaiting innocent and trusting maidens, and the horror is complete when the bride of the victim consults us six months later.

If you are not satisfied to do your full duty in medicine by assuaging pain, and by giving hygienic counsel and moral suggestions in cases suggesting them, you would better hunt other shelter than the shield of Esculapius. Because the sufferer may have been a traitor to morals or to sanctity, is no reason why you should prove either a coward or a traitor in the ranks of your honorable profession. We are much ashamed of the manner in which many venereal cases are treated.

Not one general practitioner in a dozen can give a diagnosis between chancre and chancroid. Seven out of ten cauterize every venereal sore. A few do not use mercury or potassium iodid even when syphilis is well marked. The condition is most deplorable.

We assuredly need to make better use of the proper methods of combatting these affections. We need to counsel the unfortunate victim, not only as regards coitus, but also as regards morality, and we need to practise as well as preach.

Get a modern work on venereal troubles; study it well, and practise modern methods. Cauterize less, and soothe more; yet be relentless in the rare cases actually demanding it. Cure your patient first, and if you must preach, do it afterwards.

Your preaching will not likely reclaim many sinners, tho it may shield prospective victims.

A Private Disinfecting Plant for the Country Doctor's Convenience.

Every physician should disinfect his clothing after attending any cases of scarlet fever, diphtheria, small-pox, or other virulently contagious or infectious disease. A few years ago this was only possible for the city physician, and then at considerable expense; today, any country doctor may do as well at a very small outlay of time or money. No man need pay more than \$15 for a suit of every day clothes, and every doctor can afford three such suits; and this will get him a neatly fitting, respectable and stylish suit.

Get a store box, without knots, about three or four feet square, with a tight lid; or get your carpenter to make you such a box from clear lumber, tongued and grooved. Have wires or light strips fastened inside the box, leaving a clear space in the center. When you return from a case of contagious disease, hang your clothing over these racks, and set your formaldehyde lamp burning, close the lid tightly, and in six hours your clothing will be safe to don again.

Two or three of the cheap business suits will thus enable any physician to keep from being a perambulating focus of disease. The complete outfit will not cost over \$3.00. There is no danger from fire, and the box may be placed in the barn or other outhouse, or even allowed to stand in the back yard. After the lamp is started, and the lid once in place, the box must not be opened for at least six hours. The clothing is hung lightly and loosely on the racks.

Aid to Anesthesia.

In the *Centralblatt f. Chirurgie*, Leipsic, for March 9; quoted by the Journal American Medical Association, Reinhard suggests a valuable procedure which he has been using before etherization. One hour before etherization he injects $\frac{1}{2}$ to 1 syringe-ful of the following solution:—

Morphin muriate Twenty cg.,
Atropin sulfate One cg.,
Distilled water Ten gm.

The morphin prevents any possible by-effects of the atropin, and the action of the atropin and morphin combined, upon the heart and the center for respiration in the medulla renders the narcosis more

effective and shorter. The troublesome over secretion of mucus and saliva is almost eliminated. The procedure is an easy one, devoid of danger, and will be appreciated by all who have etherizing to do. Naturally one would use ready prepared hypodermic tablets in preference to the bothersome solution used by the author.

Results of Spinal Cocainization.

Spinal cocainization now has six deaths charged to it, and only 2000 injections have been made. This mortality is horribly high as compared with older methods of anesthesia, and should prevent any further experimentation on the human being; at least until more thoro tests have been made with animals.

The Mutual Life Insurance Company of New York will no longer accept as an applicant any one who believes in or practises the tenets of "Christian Science." It is evident from this action that the delusion has spread until it has become a factor in even the commercial world. Those who will not adopt rational measures to preserve their lives could hardly be considered desirable risks.

New Subscribers and Their Opinions.

Many new subscribers take up our space in expressing their timidity as to appearing in print. It is young blood we want. Harping upon old theories and worn-out doctrines does not meet with approval at the hands of Editor or profession. Never mind apologies; if you have anything to say, say it. Many readers of *THE WORLD* have not had opportunities for taking post-graduate courses, and *THE WORLD* aims to supply this deficiency. Let the young men state the newer knowledge, and the older ones will weigh and prove it. Let the old men give us the fruits of their very best experience. This is what makes *WORLD* readers a family. New subscribers are welcome. Write short and to the point. In sending queries give all the salient points, but do not take up space with irrelevant statements.

The Editor is not infallible; his mistakes are likely to be rebuked by some member of the family. You are entitled to your opinion, and we will furnish the space to bring it before the family, if it seems meritorious, and if the space be available. We have not space for all matter that is offered for publication. In judgment we may err, but we always try to bring out the best. Do not get angry if your communication does not appear.

We wish to make a special feature of the Quiz Column, and this will compel us to hoard our space yet more closely. Yet we like to hear from newcomers; and we do not want any of the old reliables to drop out.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Obviously it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Determination of Sex.—Notes.

Editor MEDICAL WORLD:—Whether the power to produce either sex at will is desirable may well be doubted; but there is no question but that this power is eagerly desired. The world is full of couples who, having only girls, ardently desire boys; and of others who, having only boys, no less ardently desire girls. Dynasties need males to consolidate their power; estates require heirs to settle succession; men who have spent their lives in painfully building up businesses need sons to prop their age and to sustain the weight of their structures; and we physicians need boys to take the night calls and rainy-day work off our hands, and to look after things while we go fishing.

There is no scarcity of theories on the subject. Most of them bear marks of crudity and of ignorance of the conditions of fetal development. We all laugh at the woman who endures the pangs of maternity on her right side that she may bear a man-child, because we know the sex of the infant has been decided long before its birth. But how long? The embryologists tell us that the differentiation of sex occurs very early indeed. The date has been pushed back to the primary cell, and such authorities as Virchow tell us that the influences determining the sex are exerted at or even before conception. The nutrition of the mother previous to conception is the agent thro which Schenk seeks to apply his theory. We may therefore dismiss as trivial all theories based on matters subsequent to conception.

A very common theory is that which attributes the production of boys to one ovary or testicle (always the right) and girls to the other. This is a mere surmise, based on the fact of these organs oc-

curring in pairs, and "if two testes were not intended to produce the two sexes, what else could they have been intended for?" I will not stop to argue that no such differentiation of design or duty has been made as regards our two arms, legs, eyes, ears nostrils, breasts, etc., but will simply say that observations on women from whom one ovary has been taken, and men who have lost one testicle, show that both sexes are produced by the one remaining. In fact, one of my patients had both ovaries removed, and has since borne both boys and girls.

This disposes of all theories based on the posture assumed by the parents at coition, all of which are variations of the male-and-female-testicle-or ovary-notion.

The explanation generally accepted by scientists as the most probable is that known as the cross generation theory. This is deduced from the admitted fact that nature has managed to keep the numbers of the sexes relatively equal, in all ages, climates, races and conditions. The arrangement must be automatic, since choice has had nothing to do with it. This theory is that the weaker sex, that one most likely to perish, is the one reproduced. Mate a weakly man with a robust woman and boys will appear to take the dying father's place. Give a hearty man a delicate wife and blooming daughters will come to aid the mother in the household. Thus the sexes are kept fairly equal in numbers thruout the world.

A little reflection will show that this theory must be true, and that the present comparative equality of the numbers of the sexes could not be, were it otherwise. Of course there are many exceptions, real and apparent. Real, in that a large proportion of deaths are due to accident. Robust men die of wounds, of pneumonia and other accidental maladies, leaving delicate wives to survive them. Many seemingly weakly persons are really stronger in vitality, and hence are more likely to survive than their apparently more robust mates. Every schoolboy knows that bulk is not strength or nerve; every play-ground has a burly overgrown boy to whom his playmates contemptuously refer as a "big nothin'". Ask the fakirs who run the electric "testing" machines, and they will tell you of 'slim, pale, effeminate youths who will withstand more current than any muscular blacksmith. Hence, individual exceptions

to this law may be quoted by the hundred; and yet as a general law it must be true.

There are not wanting some notable proofs of its correctness. I have previously called attention to the proofs furnished from Africa. The warriors of Uganda were accustomed to travel by night on their raids, arriving at the hostile villages in time to attack at dawn. The men were slaughtered, the women given up to the soldiers. The latter were naturally exhausted by the night marches, loss of sleep and fatigue of the battle; the women rested and refreshed by the night's sleep. The result was invariably a crop of boys.

The Arab slavers occupied a year or more on the journey from the interior of Africa to the coast. The Arab had the best of food, and stalkt along carrying only his arms; and if so disposed he added these to the slave's burden. The slaves were poorly fed, loaded down with ivory or other goods and mentally depressed by being torn from their friends and made slaves. The result of the cohabitation of master and slave was that every female slave was brought to the market with a female child in her arms.

Mr. Tilghman, a stock breeder of Georgia, has published a little book detailing the observations he has made in breeding animals. He found that if the stallion were brought in from a day's work and served the mares in the evening, male colts resulted; whereas if he served the mares in the morning and the mares were then worked, fillies were produced. Similar results followed with other domestic animals, and with human couples who put this idea in practise. It will be seen that this is strictly in line with the theory of cross-heredity, the tired animal being reproduced. As to the import of exercise after coition, it must not be forgotten that coition and conception are not synchronous. Probably conception does not occur for hours after coition. A very intelligent lady of my clientele assured me she always knew when conception took place, by cramping of the uterus when the spermatozoa reached its cavity. This occurred some time during the day following intercourse. I have noted similar cramps when semen was introduced into the womb by Gerard's method.

Schenk's theory is simply a scientific extension of the cross-heredity idea. He finds in the appearance of sugar in the

urine evidence of defective digestion, assimilation or metabolism on the part of the mother, resulting in the production of daughters. By careful dieting he stops the glycosuria; and then boys are conceived. Careful tests are made, the phenyl-hydrazin being selected as the most delicate. The time for this dieting is, of course, previous to conception, and perhaps during the early months of pregnancy. In his second book Schenk reiterates the view expressed in the first, and presents another list of successful cases. He denies that he treated the Czarina, whose successive production of daughters has been represented as a failure of Schenk's method.

Exceptions do not destroy a rule, but in such a case they certainly weaken it. One of my patients had glycosuria during the latter part of her pregnancy and bore a boy. I did not have charge of her until she was over three months gone, and she may not have been diabetic previous to conception, so that this may not be an exception after all.

This comprises all I have been able to find on this very interesting topic that seemed worthy of mention. It is a subject that is to be settled only by observations, not by devising some fanciful explanation and proclaiming it as true without any data of fact for a basis.

The theory that girls are more apt to be conceived just after menstruation and boys later in the monthly cycle, was based on the assumption that woman was an inferior, less developed being. The ovum partly developed produced woman; but if it reached its full development before it met the spermatozoa, a male resulted. This is an absurdity to begin with. The female is as high a form as the male, and if any difference is to be made out, it is in favor of the superiority of the female. The difference is very slight at any rate; the average female conception occurring less than a day before the average male; and this difference may be assigned to the debility of the mother due to the loss of blood at menstruation—another instance of the law of cross-heredity.

Mr. Tilghman also tells us he tested the theory of alternate male and female ovulation, as stated by Dr. Millard in the *April World*, page 143. When a cow has borne a calf, the next period of heat was noted, and she was put to the bull at that heat which should produce the desired sex. The

experiment was a failure; the theory of alternate sex-production proved to be a mistake. I have known of efforts made to establish this rule in the human family, but it has also failed. There is no inherent reason for such a rule, as there is for that of cross-heredity.

I have read Dr. Haynes' letter (page 146) with interest. I have tried calcium sulfid as a preventiv of mosquito bites and find these pests will not bite persons saturated with the sulfid. Will our brethren in the malarial belt please try it, and see if this disease is thereby prevented? Possibly the sulfid caused epistaxis, as this drug reduces hemoglobin and hence tends to impoverish the blood. But large dosage or long administration is necessary to produce this effect. And in all bacterial maladies there is an effect similar to that of mercury in syphilis. Mercury is destructiv, yet on giving it to debilitated syphilitics they improve in general health. So with gonorrheal persons taking the sulfids. Both remedies seem to act first on the disease, and the system, relieved of the cause of debility, at once reacts. The sulfids are direct germicides.

Try arsenic sulfid in doses of 0.001 (grain $\frac{1}{4}$), instead of the bulky calcium sulfid, except in cases where the lime is also needed as a tissue-builder.

In the case of Dr. Haynes' student with a succession of boils, it would have been better practise to clear out the bowels by morning doses of a saline laxativ, and give iron in full doses, with intestinal antiseptics if needed, as is likely.

With quick sympathy I read Dr. Spleyner's remarks on getting rid of bores. Now it is not quite fair to term all people bores who call to chat with one, but here is my side of the question: I am a busy man. Some years ago I was so prostrated from overwork that I had to drop practise, literary and other work, and leave my home in the East. It was years before I again felt "fit" for really hard work. The pecuniary results of this enforced idleness were what every doctor can easily guess. Even yet I am unable to work without generous intervals of rest, but the kindly appreciation of my colleagues renders it possible for me to take one week out of each month for that purpose. In the other three weeks I must crowd a month's work. For every minute of my time I have pressing calls. In fact, the

literary work I have laid out now would occupy me for years to come. Any practise but consultation is impossible. Now when my good friends in the profession come to see me and chat for three hours over their troublesome cases, what am I to do? Some one is ready to pay me for that time. I cannot afford to donate it, for those who have claims on me need the money. I have therefore had cards printed that givesome notion of the value of my time to me, and state plainly:—"Consultations, \$20.00; Physicians half price." Now I have never declined to give my time to a suffering brother, but when he comes to me for advice about his patients, he must make them pay a sufficient price for that advice. I am no almshouse; and this free consultation business is an imposition on a man who cannot afford to give free advice simply because the doctor wishes to save his patients the expense. WILLIAM F. WAUGH, M.D.

Chicago, Ill.

Editor MEDICAL WORLD:—I would desire to say that the Old Testament, in Leviticus (see Thazrea, the plain translation from Hebrew Bible), says this in regard to the determination of sex: If a woman by conception will first discharge the seeds before the man, then she will give birth to a male, and vice versa will be a female. H. ROSAHNSKY, M.D.

Brooklyn, N. Y.

Three Pairs of Twins in a Single Day.

Editor MEDICAL WORLD:—My reading of obstetric experiences in THE WORLD has stimulated me to give your (our) readers an account of a rather unique experience in the obstetric line. I do not know whether it has a parallel or not; but if it has I have never read or heard of it.

On April 28, 1880, at 11 o'clock a. m., I delivered Mrs. D., a primipara, after a short and easy labor, of twins; and whilst congratulating my patient on her easy time, Mr. F., three doors west, called me hastily, saying that Mrs. F. was about to be confined. I responded promptly and at 3 o'clock p. m. I delivered Mrs. F. of twins. No trouble at all; everything passed off nicely, and whilst I was complimenting this patient on her pleasant labor, a countryman called me, saying his better half needed my services. Of course I went with alacrity and at 5 o'clock p. m.

I delivered the lady of twins. In this case I did not have so pleasant a time. Her labor was followed by one of the most furious post partum hemorrhages I ever had. After the most heroic efforts I succeeded in conquering the trouble, and left for home completely exhausted. Scarcely had I returned home when another messenger appeared; and after a drive of six miles in the country I delivered my patient of a single child, a boy, and after seeing all things safe, I turned my face toward home, sincerely hoping that this would end the obstetrical contest for a day or two at least.

About six months since I delivered a lady of a fine daughter, who was herself born on that April day in 1880.

Can any of THE WORLD patrons equal this experience? In a practise of thirty-six years I have met with all sorts of presentations and classes of cases. I have delivered patients in hovels; under the branches of trees; in tents; in palatial residences; and in the hundreds of cases I have had under my care I never used the forceps but thrice. I do not object to the use of forceps; but it has so happened that I did not in my cases see the necessity for their use.

I have made mistakes in practise which I much regret; but I never have tried to cover them up, either in the ground nor by lying about them to my confreres. On the whole, I feel that I have done good in the world, and I hope but a small modicum of harm. I have tried to give value received in close attention and faithful service to my people.

I admire THE WORLD. It is practical and points out the way to relieve our patients. Whilst there is a diversity of opinion in diagnosis and treatment, yet herein lies its true value. In none of this is it seen more than as to "Cuban itch." My own opinion is that it is smallpox, and while it is mild in some and severe in others, nevertheless it is smallpox without a doubt.

If I thought it would interest your readers to any extent I would indulge myself in the near future in relating some more experiences and reminiscences of practise.

Quincy, Ohio. N. V. SPEECE.

[Yes, Doctor, let us hear from you again, particularly regarding your mistakes. Your obstetric experience on that April day in 1880 was certainly unique.—Ed.]

Hydrocephalus.—Peculiar Twin Pregnancy.

Editor MEDICAL WORLD:—Was called at 1 p. m. on March 12th to attend Mrs. D. R., aged 24 years, in her third confinement. Her first labor occurred six years ago, and was a premature birth, with a shoulder presentation. She is the mother of one child, a healthy, well-formed girl. On my arrival I learned that she had been in the hands of a midwife since 3 a. m. Upon examination I found an enormously large head wedged in the inferior straight. Patient was having extremely hard pains. I decided to have assistance, and a messenger was accordingly dispatched for instruments and another doctor. My friend, Dr. Wm. Bowman, responded to the call, and confirmed me in my diagnosis of a hydrocephalic head. After partially anesthetizing our patient, I succeeded after much difficulty in applying forceps, and made strong traction with but very little result. Finding that the child was already dead, and fearing rupture of the uterus from the exceedingly strong contractions, perforation was decided upon, which was nicely performed by Dr. Bowman with a pair of Smellie scissors, a large quantity of fluid being drawn off; after which I succeeded, in a very few minutes in delivering her of a very large female child, perfect in all of its parts with the exception of the head. Secundines were removed without trouble. Some of the dimensions of the head, after perforation, were as follows: Occipito-frontal circumference $16\frac{1}{2}$ in.; from base of nose to crown of head, $8\frac{1}{2}$ in.; from upper base of ear to crown, $5\frac{3}{4}$ in.

While reporting the above case I desire to give an account of another which came under my observation in 1887. On the morning of May 19 I was summoned to attend Mrs. H. in her seventh confinement. I found the lady in the second stage of labor, which progressed rapidly and satisfactorily. In a short time I delivered her of a plump female child weighing nine pounds. Upon removing the secundines I found a membranous sac attached, and I requested the attendants not to dispose of the placenta until I had examined it. After rendering my patient comfortable, I took the placenta out upon the ground, and upon opening the sack to my surprise I found (what I considered, from its size etc.) a five months old fetus. The cranial bones were masht nearly flat from pressure from the living child; the

umbilical cord was attached to the membranes near the placenta. My theory of the case was, that it was a twin pregnancy, and that the fetus (from the cord not being attached directly to the placenta) died from lack of nourishment. She made an uninterrupted recovery from her confinement.

W. T. BURDICK, M.D.

Tolesboro, Ky.

The Physician's Hands.

Editor MEDICAL WORLD:—I notice an article headed "The Physician's Hands" in April WORLD, pages 123 and 124.

Allow me to say that it is not only necessary for a physician to keep his hands clean, but it is even more necessary to educate the hand. We should learn how to use it, and above all we should educate it to tell us the truth by the touch. A trained hand will reveal more truth to us in many cases than all the other senses combined. Also it will carry sympathy and love as nothing else will do. A physician should carry sunshine and sympathy with him.

J. R. ANDERSON, M.D.

Martinsville, Va.

The Physician's Hands.

Editor MEDICAL WORLD:—I have read your editorial in the April number on "The Physician's Hands" with very great interest. It should be not only read, but "absorbed" by every doctor; at least that is my opinion. This has been one of my hobbies for a long time, so you can understand my interest. Your directions for cleaning the hands and for keeping them clean are excellent; but quite recently a little article was brought to my notice by my surgical instrument maker that I believe should be a part of the armamentarium of every doctor, and recommended by him for his patients' use. The soap, water and brush are all excellent, but inefficient at times. This article, called I believe the "hand stone," supplements them and does just what they fail to do. The handstone is made I believe of carborundum, a product of electricity, the fine particles of which are hard as diamonds. The brush or pumice stone will become loaded with germs, but this can be sterilized in any way the surgeon elects, and will remove all dead and germ laden cuticle and dirt that soap and brush fail to reach. After using it can be rinsed or washed for ordinary use, or put in a sterilizing solution until used again. It

is so inexpensive and so efficacious that I feel it is one of those articles of such merit as to warrant one in bringing it to the attention of our confreres. It certainly is a valuable adjunct to the directions you so excellently advise in your editorial.

WM. M. BAIRD.

Delaware, New Jersey.

The Doctor's Hands.

Editor MEDICAL WORLD:—Your editorial in the April WORLD on "The Physician's Hands" is really too good to pass by without comment. Especially your way of putting the matter was the thing that struck me forcibly.

It was only "recently," as you say, that you noticed the country doctor's dirty hands—God bless you, Doctor, if that was the only "dirty thing" about some country doctors. You evidently have never been a country doctor yourself, or you would have noticed (and not only recently) that there is more dirt connected with a country practise than will stick to one's hands only, or lodge under one's finger nails. Did you ever see the office of the average Missouri, Kansas, or Arkansas country doctor, or some of their medicine cases or saddle bags? Talk about dirt under one's finger nails! I am no advocate of dirt or dirty things in general. I fling dirt off whenever I can without flinging it on anybody else; but I rather prefer the "pure" country dirt, that shows openly, to the dirt of your city fellows, disguised with various cosmetics, sachet powders, etc. What a conglomeration of stinks one is treated to while attending one of your city theaters! You need not take a seat in the gallery for that, but try one in the dress circle, for instance; or attend church service on some Sunday evening and the smell one gets even in a "fashionable" church will make you doubt that only "godly people" go there. Besides, what is there that should make the hands of many a city doctor dirty? Keeping office hours from 10 a. m. to 12 m.; also from 2 p. m. to 4 p. m., and during such hours reading a newspaper or scanning a sample journal, and whiling the time away as well as possible—this cannot be very dirty work. What if you had to take care of your own team of horses, curry same, and drive over country roads such as we are having this winter out here, axle deep in the mud, perhaps 40 or 50 miles in 24 hours;

rain, sleet, snow from above; icy blasts facing you most of the time, and the horses' heels throwing the dirt over the dashboard into your lap by the shovelful; and when you return home, finding half a dozen calls waiting for you? No time to sleep or rest for weeks together—and then tell us something about dirty hands! Furthermore, what do you expect to accomplish with your epistle on dirt? If a doctor has not a certain sense for cleanliness, and appreciates the comfortable feeling of being clean himself, all your preaching and writing won't make him wash his dirty paws. Your effort is surely wasted in that direction. But enuf of this. I enclose for another year's subscription to *THE WORLD* a little of a country doctor's "filthy lucre." It may need disinfection, but I hope it will be accepted.

DR. JNO. MAYER.

Lorton, Nebraska.

[The editorial in question was written by our able Assistant Editor, Dr. A. L. Russell, of Midway, Pa., who is himself a "country doctor." Yes, I have been a "country doctor," even a "cross-roads doctor." I know the country doctor well, with all his faults and virtues—mostly the latter. The success of *THE MEDICAL WORLD* is perhaps due to my intimate knowledge of and deep sympathy with the rank and file of the profession of our great country. My efforts to help the "country doctor" have been crowned with a success that would make a vain man proud. Occasional criticism is intended as kindly aid. However, on the whole, the country doctor is to be congratulated on the heroic manner in which he meets his many difficulties under trying circumstances. He deserves admiration and praise much more than criticism.

Speaking of dirt, the best definition of dirt that I ever heard or read is this:—"Matter in the wrong place." Manure in the field is not dirt; on the hands it is dirt.—C. F. T.]

The Curette.

Editor *MEDICAL WORLD*:—In answer to Dr. Schmidt, of Milwaukee, Wis., in April *WORLD*, page 165, I will say that I have been a village and country doctor for twenty-one years. I have attended about 700 cases of labor at full term. I have kept no record of abortions, etc. I have never had a case of puerperal septicemia. I lost one case of the 700 from

puerperal convulsions. I arrived just in time to see a negress die from post partum hemorrhage. I have never used the curette. I am not prejudiced against the instrument. I just never saw any indications for it. Maybe I did not have sense enuf to recognize it. Patients got well. They were satisfied. I know it is very fashionable and modern to scrape the womb out well for most any ailment. I have seen some scrapings that may have been modern and up-to-date, but the patients didn't get on well. Clean hands, clean instruments and good common sense in dealing with a woman's womb, and you will not have much use for the curette.

253 Rayburn Ave., CHAS. L. DAVIS, M.D.
Memphis, Tenn.

Use of the Curette.

Editor *MEDICAL WORLD*:—In answer to Dr. Schmidt's query (April *WORLD*, page 165) upon the use of the curette following abortion, miscarriage, or labor at term, allow me to say that I have had in a country practise of twenty-three years, about 1,200 full term labors, and about 300 miscarriages. My only reason for answering is that I consider the question a pertinent one. I well know that there are two sides to every question. One claims that all cases of miscarriage should be curetted; and that the woman who is delivered at full term normally should be douched and irrigated with antiseptic washes. While I am a thoro believer in antisepsis, I regard such routine practise as folly and productive of much harm. The curette and douche both have their proper place, and in their place are invaluable. No man is fit to practise the obstetric art until he is able to use the curette, the dilator, and the douche understandingly. It only requires a fair amount of ability to do this.

In abortion we sometimes find as early as the second day, an elevation of temperature with or without a chill, slight distension of lower abdomen, and tenderness over uterus; restlessness, furred tongue with red tip and center; lochia suppure or very foul and offensive smelling. This case needs rapid dilation, thoro curetting with a good-sized sharp instrument. When thru mop out the uterus with carbolic acid and tr. iodine equal parts; put the patient to bed and give a saline laxative with quinin sulf. Give a hot, vaginal douche night and morning of mercuric bichlorid 1

to 1000, or carbolic acid 1 to 200. Flush out freely twice a day and you will be seldom disappointed. We get equally good results in hemorrhagic cases, where the persistent fever is kept up by retained portions of placenta. One thoro scraping ends it all. In cases of labor at term, the curette is seldom or never indicated, as we can, at delivery, thoroly empty the uterus with the hand or fingers. Altho if I had reason to believe there were retained secondines in any case, I should remove them with fingers if possible, if not, then by the curette, and do it thoroly. The after treatment should be practically the same as in abortion: antiseptic douches, sahnies, and support the vital powers. In all we should endeavor to assist nature. When we confine ourselves to these cases, the curette is one of our most valued instruments; when it is indiscriminately used it is a curse. E. A. BATES, M.D.
Highgate Centre, Vt.

A Professional Card. 2

J. J. LIVINGSTON, M. D., Physician and Surgeon.

Office and Residence 1-2 Mile East of Freeman, Ind.

•••••

All acceptable calls answered promptly, but I want it distinctly understood I do not want any man's practise that CAN'T or WON'T pay me inside of six months after service is rendered.

[The above card and the following, printed on a neat slip of white paper, were inclosed to us in a letter, and we give them to the "family," showing one method of doing 'business. All such are welcome at this office. We will publish all good or unique methods.—ED.]

"Friendly Notice."

Freeman, Ind., ...190.....

Mr.

As it takes money to pay tax, interest, drug bills, etc., would say that on and after March the 1st, 1901, I shall adopt the following rule for professional visits: I shall consider my money due when service is rendered, but will give three months' time to all who desire it. For

medicin gotten at the office I will give sixty days' time, the same as the whole-sale drug men give me, and no longer. I can't live and support my family if I can't get my pay, and I hold if I AM NOT worth paying I AM NOT worth having. I had rather quit practise than to deviate from the above rule. Truly yours,
J. J. LIVINGSTON, M.D.

The Skeeter.

The anopheles skeeter

Rams his stinger in your seat, or
Into any place that offers him a half
a chance to do you :

Then he'll hump himself and teeter
In a diabolical meter

While he squirts plasmodial legions
Most incontinently thru you.

Cleves, O. WILLIAM COLBY COOPER.

Doubts.

Editor MEDICAL WORLD:—Mrs. O. E., age 35, married, no children. Some few years ago she had general anasarca which yielded to treatment to a nicety. Last year it appeared again. Urin very scanty, contained much albumin. Diuretics and cathartics failed to do any good. Salts, elaterium, jalap, etc., were used. Her abdomen rapidly filled up, and she was sent to a hospital in Chicago. Medicin given failed to relieve her even then, diaphoretics and baths included. Tapping abdomen became necessary. This was done three times at the hospital, and she was sent home to die. After her coming home she has been tapt three times more, the abdomen rapidly filling up after each tapping. The strongest medicin failed to lessen the accumulation of fluid. Shortly after her home coming she craved an unusual amount of water, and her urin became plentiful. Examination now revealed not only albumin, but also sugar.

After her last tapping, February 9, she began using a nostrum, called kuriko, and abandoned the medicins prescribed. For some reason or another she has since failed to fill up, is up all the time, is able to work, eats and sleeps well, passes a normal amount of urin, her stools are natural and she feels well, and it seems that she is now again recovering. As the writer has no faith in "kuriko," nor believes that this nostrum had anything to do with her recovery, the question arises. what caused the favorable symptoms in the case? Her heart seems to be all right,

and it was supposed that she had Bright's disease.

Here is another: A boy 16 years old suffering from diabetes mellitus, revealed by the usual symptoms and high specific gravity of urin and sugar. He began to treat himself with some patent nostrum about a year ago or more, and not getting any better finally saw a doctor. He prescribed a dietetic regimen with hot baths and arsenauo. This was continued for some six months without any manifestations of relief. He then went to a hospital in Chicago and stayed there for a time, where the diagnosis was verified and a line of treatment given which, however, failed to produce any improvement. He was sent home as incurable. All medicins were stopt, even the diet changed to the usual in health. The boy began taking daily exercise on his bicycle, and is now greatly improved, seemingly recovered or recovering. Did medicin and dieting in this case do harm instead of good? or did the exercise in the open air on his wheel effect a cure?

Here is yet another case: A boy of 20, just from the old country contracted typhoid fever. He lay sick for eight weeks in a tent in Minnesota, having workt for a short time on a railroad. He had neither doctor nor medicin during all this time. He got well and commenced work again, but a severe phlebitis in his left leg stopt his work very soon, and as a result he has had varicose veins ever since with a permanent enlargement of that leg about two inches as compared with the other leg. Rest in bed over night reduces as usual the varicosity of the veins, but not the enlargement of the leg.

Five years later he again had typhoid fever, which lasted eight weeks. This time he had a doctor and medicin which was changed daily. Three tumblers about half full of water with some homeopathic tincture in it constituted the medicin. Again he got well, but his doctor bill was \$125.00, and his board bill \$55.00. A relapse brought him near the grave, but he got over that also and is yet living.

Now comes the question: Is homeopathic treatment equal to no treatment at all, save the expense incurred?—the time he was sick being exactly the same in both instances.

Here is still another case: A farmer, age 35, had a throat trouble, tonsilitis, was treated by four doctors of the regular

school and died. Another farmer of the same age near by had a similar trouble, if not worse, scarcely able to open his mouth wide enuf for inspection; used some salt pork around his neck and some salt water as a gargle and got well. Query: Did the medicine or the doctors kill the first one? and did the other get well because he had neither?

These among hundreds of similar cases are cited in order to make a statement: At the present time are we not doctoring a little too much and using medicin too freely? While not denying that drugs used in suitable cases and at the proper time and of a proper kind are beneficial and perhaps curativ, it must nevertheless be admitted that their indiscriminate employment is at least of doubtful value, if not altogether harmful. Is it not a fact that a majority of all curable cases would get well even if not a drop of medicin were used? In the incurable ones medicin is of little avail. It is undoubtedly true, as a doctor once stated in a witness chair to a question of this kind: "We prescribe medicins sometimes not because they are necessary, but because the patient thinks they are." A hypodermic injection of morphin to stop the pains in the passing of a gallstone, a course of iron to an anemic girl, or a dose of a cathartic to cut short a cold, are undoubtedly of great value; but the ruthless use of this, that and the other in weakened conditions of say typhoid fever is worse than useless. Better no medicin at all, or in homoeopathic doses, where they are not absolutely indicated and known to do what is needed for the betterment of the condition at hand.

What is true of medicin is also true in surgery. There is too much surgery at the present day. Repairing the cervix, for example, could in nine cases out of ten be dispenst with without detriment to the poor patient. Many of these cases are curable without the surgeon's knife, the surgeons' opinion to the contrary notwithstanding. Take appendicitis. In one year I had nine cases treated only medicinally without a death; and every year I have three or four cases, but only in one instance as yet have I advised an operation. It's true, in one case I had to use the knife myself, the pus burrowing under Poupart's ligament and bulging out at the femoral opening where the knife was inserted. Epithelial cancers can much

better be treated by the plaster method than the knife. So can also even hernias and piles. I hope this article will not set up a storm.

N. G. J. DAHLSTEDT, M.D.

Elliott, Ill.

[We have no knowledge of "kuriko." You will observe that her symptoms will return, and that she will die in due season. It is not uncommon to have cases of nephritis improve for a time. The sugar in the urin may have been but temporary. Why was it "supposed" that she had Bright's disease? Never "suppose" anything; make your diagnoses clear cut and positiv. In nephritis, estimate the amount of albumin by repeated examinations. Find the casts under the microscope, if any such exist; then you need not "suppose."

We have recently seen a case where the urin was loaded with sugar; the patient went to a quack, and was circumcized and had his rectum dilated; the operation was described by the "doctor" (?) as a terrible one; \$250.00 secured; patient told to return home and live a long and happy life; patient produced a sample of urin for us, which he declared his, and there was no sugar in it; he went to work again; his physician was the sport of the neighborhood for about three months; he now sleeps under the sod; incidentally, his widow could use that \$250 00 to good advantage in paying an honest doctor's bill. Just wait a while. If your diagnosis was exact, the boy will return to you or to some other physician. Judicious medication and proper diet never do harm in diabetes.

The third case should recall to your mind the fact that we have no specific medicin in typhoid. Many homeopaths take THE WORLD, and get information which they repay by giving us straight-laced ones valuable hints.

In your fourth query, you have no information which would indicate that both patients had exactly the same malady. What about all the varying differences in the functional efficiency of the various vital organs? What about accurate diagnosis? A thousand things might have coact death in one case, and as many tended toward recovery in the other. It is doubtless true that some physicians use too many medicins without knowing all that they should of the action of such drugs; but that is not the fault of

the medicin. We all need to learn more completely the temper of our steel. The more you study your therapeutics and learn accurate diagnosis, the less pessimistic you will become. Use drugs for a definit purpose only.

There is too much surgery, just as there is too much medicin. We all need to practise with our heart and soul quite as much as with our hands and brain. We need to know more, and act less.

We would like to have your methods for treating cancer, hernia, and hemorrhoids for the benefit of the WORLD family.—ED.]

Capillary Catarrh and "Suffocativ Catarrh."

Editor MEDICAL WORLD:—In February WORLD, in the editorial, "Suffocativ Catarrh of Children," you give all the important clinical symptoms of a well known and well recognized disease of childhood, and try to foist upon us a newly dug-up name to cover them. You say "the symptoms, clinical history, and mortality are all at wide variance with these diseases"; nevertheless, in the very next paragraph you mention enuf of the symptoms of capillary bronchitis to enable any doctor to safely diagnose the case as such.

What is to be gained in sorting out your fatal cases of capillary bronchitis and trying to invent a new set of symptoms to suit the mortality? The uselessness of such a procedure is all the more apparent when we read the treatment you lay down for your "suffocativ catarrh," which varies not a whit from good treatment for capillary bronchitis. You say you have never seen a well developpt case of suffocativ catarrh recover. Neither have I ever seen a "well developpt" case of capillary bronchitis recover. Respiratory and cardiac stimulants "never act potently" in rapidly fatal cases of capillary bronchitis. Amyl nitrite is a useful drug in capillary bronchitis, yet in a certain number of cases fails to cure. We all "follow the symptoms and meet the indications as they arise," or aim to, in every case of capillary bronchitis, and when we see our patient is gradually but surely succumbing to C O, narcosis, we usually tell the parents that the prognosis is "grave."

I may be putting on the gloves with a medical gladiator, but nevertheless you must give us a differential morbid anatomy—show us the pathological difference

between your so-called "suffocativ catarrh" and our well known capillary bronchitis of children, before claiming our attention for an alleged new or unrecognized old disease.

S. M. MANN.

Grafton, Iowa.

[Doctor, do not toss rocks recklessly till you have protected your own domicile. You speak confidently of easy diagnosis in capillary bronchitis; would you stake your life on the post-mortem findings in confirmation of your diagnosis? We are afraid if we did, we would soon need crape on our sanctum door knob. We may percuss, auscultate, palpate, inspect and then guess, in such cases. Laennec gave more attention to this condition than any other investigator has done since his time; and it was he who gave the affection the term "suffocativ catarrh." Tyson (Practice of Medicine, 1900, page 280) says, "For such a state of affairs the term suffocativ catarrh given by the older authorities is well chosen." Many other of the best authorities prefer such a nomenclature. This discussion is too technical. Doctor, tell us next fall what you do in your cases of capillary bronchitis, and how you make your absolute diagnosis. You write forcibly, and THE WORLD needs to hear more from you. Better let us have something now on some of the summer diseases; it is getting late for pulmonary troubles.—Ed.]

Miner's Consumption.

Editor MEDICAL WORLD:—In the July number of THE MEDICAL WORLD, 1896, you will find an article on miner's consumption, written by myself. In that article I stated that as long as the men workt in the mills it seemed to retard the rapid advance of the fatal disease.

Working upon this idea, and analyzing the ores workt in the mills running here, I found they contained large quantities of arsenic, sulfur, zinc and iron; and I find by administering these metals as remedies I have had a reasonable amount of success in treating this disease. I also find protoneuclein an excellent addition to the above remedies in these cases. I wish to call attention to the almost uniform fatal termination of said disease. A report from the Miners' Union of Virginia City, Nevada, states that seven-tenths of their loss by death is caused by miner's consumption.

J. A. HUNTSMAN, M.D.

Austin, Nevada.

Whisky in the Treatment of Snake Bite.

Editor MEDICAL WORLD:—I ask to differ from Dr. W. F. Waugh as to whisky not being a specific for rattlesnake bite. If the Doctor had had as much experience in the western country as some of us, he would think quite different. He may have had an extensive experience along the line of snakes in the boots, and perhaps has been disappointed in his expectation as to the effects of whisky. Doctor, have you had the experience of an attack with a rattler, and his venomous poison in your blood? I have, and have tested the utility of whisky in the treatment of snake bites. I find it to be a sure specific if given in time.

J. F. BILBY, M.D.

Stroud, Okla.

Carbolic Acid for Rattlesnake Poison.

Editor MEDICAL WORLD:—In answer to inquiry for remedy for snake poison in the February WORLD, I would advise carbolic acid, five drops in water every half hour; also apply a cloth wet with a solution of carbolic acid. This cured two Mexicans with limb swollen and black.

San Diego, Cal.

DR. H. SCHAFER.

Calcium Sulfid.—Dose of Strychnia.—Comments.

Editor MEDICAL WORLD:—When we read the experience of several physicians on calcium sulfid, as on pages 90-93, March WORLD, we are reminded of the old copy in our copy-books: "Many men of many minds." I have used the drug in a great many cases. In some cases of boils and carbuncles it has "acted like a charm," but in a large majority of cases it has failed to do any good. Several years ago I had a crop of carbuncles on my neck and I took it almost every hour night and day for three weeks. I could not tell that it did any good at all. Nor did any other treatment. They got well "when they got ready," and after I recovered I had better health than I had been having during the previous five years. Did the carbuncles or the calcium sulfid do this? During the time I was taking the calcium sulfid, Dr. H. L. Tynes, of Tynes, Miss., told me to continue the medicine, and I did, as he had been very successful with it in such cases. My failure was not due to an inferior article, for during or about the same time I treated a case of boils successfully with the same lot of medicins. Some of us

have learned to expect too much from its use. As Dr. Waugh says: "It is no specific."

Like Dr. Commons, page 105, when I read of a physician who has had a very large number of cases of pneumonia, membranous croup or other dangerous disease without a single death, I always think some one is "short on diagnosis." If all writers would be very careful in diagnosis, our medical journals would be more valuable.

In regard to the danger point in giving strychnin, pages 93-95, I would say that I have known a man to go from a doctor's office with one-sixth of a grain by hypodermic syringe, and never stop his regular business. The same day another man showed almost alarming symptoms from one-thirtieth of a grain, administered the same way. It is nearly always best to begin with small doses; some people are more easily poisoned than others.

Dr. Pennington, page 112, asks if there could have been any successful treatment for his case of hematoma—an infant that died when five days old. If astringents applied locally did no good, I doubt very much if anything else would. It is more than probable that the child's death was a blessing, as it might have suffered thru life mentally and physically.

Dr. McCutcheon, of Michigan, page 109, certainly suggests the "oddest of all odd" theories in regard to determining sex. In this matter nature does as she pleases in all cases, regardless of the theories of men, and it is best that it is so. If the doctor would count the "even" and "odd" days from the full or change of the moon, his theory would be more reasonable, at least in our latitude; but how about the Arctic regions, where the days and nights are so long?

The notes on ergot, etc., in hemorrhage from the lungs, page 116, are worthy of careful attention. Ergot has never been a successful remedy for any kind of hemorrhage in my hands. In hemorrhage from the lungs ipecacuanha in large doses, as recommended by Trousseau, has served me well in more cases than any other remedy.

On page 115 the question is asked: "Can two germ diseases exist in the same patient at the same time"? There is more in this question than many realize. In the study of this matter we may find the means of preventing many diseases. That

more than one disease can exist at the same time in the same patient I have no doubt; but I am perfectly satisfied that there are many diseases which cannot exist two or more at a time in the same patient.

C. KENDRICK, M.D.

Kendrick, Miss.

"Are Acetanilid and Sweet Spirits of Nitre Incompatible?"

Editor MEDICAL WORLD:—On page 163 of April WORLD Doctor Hart of Ill. makes the above query. Pardon me for saying that these drugs are not in any sense of the word incompatible. I have been using them in combination for several years and have not seen any green color produced, nor any disagreeable results from their administration in combination—in fact I rarely give acetanilid to children until I have first make a solution of it by the addition of sweet spirits of nitre. The drug which Doctor Hart and the Editor had in mind is antipyrin. Try it with your nitre and see the results, provided your sweet spirits of nitre really contains nitrous ether. If your nitre has undergone partial or complete decomposition you will not be likely, or will not, as the case may be, get any reaction. And moreover, the "green" which is produced by this combination (iso-nitroso-antipyrin) is not poisonous. Dr. W. C. GORDON.

Gordonville, Tex.

Editor MEDICAL WORLD:—Dr. J. D. Hart, in April WORLD, asks if acetanilid and spirits nitre are incompatible. I cannot answer that question, but several years ago a number of medical journals published articles on the poisonous nature of a combination of antipyrine and spts. nitre dulc.

N. C. NUTTING, M.D.

Meredith, N. H.

Shooting Accident.

Editor MEDICAL WORLD:—F. S., age 17, out for a hunt, the loaded shotgun was for a time set up against a log. With boyish carelessness, Fred, taking the gun by the barrel, drew it toward him, when the hammer coming in contact with the log was raised, and springing back when released, discharged the whole load directly against his body slightly above the gall bladder, inflicting an ugly wound. He was able to walk home, about one-quarter of a mile. His suffering was intense for several hours, except as relieved

by morphin and local applications. Askt if it caused much pain at the time of the accident, he replied he did not feel it. Two shots only, with some wadding, etc., were taken from the wound, which was mostly a contusion and much swollen. The charge past thru a thick, woollen coat and vest, and one thickness of a heavy pair of leather suspenders, many shots being arrested between the two folds. The hole thru the clothes to the skin, except the above, was complete. The whole charge apparently, with the exception of the two shots found in the wound, were discovered in his clothes. The shots were all very rough and irregular in shape, like we anticipate they would be if thrown in water singly when melted.

The urin for nearly twenty-four hours afterwards was very bloody. Recovery satisfactory.

Now brothers:

1. Was it not remarkable that the boy was not killed?

2. What transformed the shots into such shapeless masses?

3. What caused the hematuria?

Attercliffe Station, Ont. CHAS. SHUPE.

Report of a Case of Diphtheria.

Editor MEDICAL WORLD:—At 10 o'clock a. m., Monday, January 14, 1901, I was called to the bedside of Mr. Frank H.'s little six-year-old daughter. The following symptoms were prominent: aphonia, fever (103°), stertorous breathing, tumefaction about angles of jaw and around the neck, coated tongue, enlarged and inflamed tonsils covered with a filthy-looking white membrane; the nasal cavity was obstructed by the same, and with head mirror and Andrew's tongue depressor the chink of the glottis could be seen covered with the same characteristic membrane.

My diagnosis was diphtheria affecting the naso-pharynx, tonsils, and more severely the larynx. The stridulous breathing, the loss of voice, the energetic and desperate use of all the muscles of respiration in the effort of breathing, the cyanosis, the anxious expression of face and appealing look of the eyes for help, and the paroxysmal attacks of suffocation showed plainly and unmistakably that the main trouble was in the larynx. It was evident to all present that the little sufferer would soon pass into the great beyond unless relieved. Perhaps a skill-

ful operator would have performed intubation immediately.

The parents stated that the child had been croupy for seven or eight days, not able to speak above a whisper, and sleeping but little at night. She was very restless, no appetite, and had slight bronchitis. They considered it of no great consequence and treated her with domestic remedies.

On Monday morning she had an unusually severe suffocative attack which excited them, and I was called in to take charge of the case. While waiting for the arrival of the antitoxin sent for, I placed the patient upon the following plan of treatment: Every two hours gave a powder consisting of calomel gr. $\frac{1}{8}$, pulv. ipecac gr. $\frac{1}{4}$, subnit. bismuth gr. 1, sprayed the nose and throat every hour with the following:

Hydrozone	3ij
Chlorate pot.	grs. x
Pulv. alum.	grs. x
Chloral hyd.	grs. v
Water	q. s. ad. 3iij

Administered whisky freely.

In addition I applied a flannel cloth wrung out of hot lard all around the neck, in front completely enveloping the throat, changing it every fifteen minutes. Gave warm soup or milk whenever she would consent to swallow it. At times the breathing was so labored it seemed that she would suffocate, the face becoming extremely cyanotic. Each spraying made the breathing much easier for a short time. At eight p. m. 1000 units of P. D. & Co.'s antidiphtheritic serum was injected into outer side of thigh. Continued the other treatment.

Patient grew worse. At twelve that night gave another 1000 units in the opposite thigh. Continued other treatment carefully and persistently. Patient continued to become weaker with very feeble and rapid pulse. This made the 2000 units in four hours. I thought she needed the full dose at once, but administered it four hours apart thinking the four hours would have no deleterious effect.

At four a. m., Tuesday, we thought she was dying. We had watcht and workt faithfully all thru the long hours of the night to no purpose it seemed. The pulse was barely perceivable at the wrist. Administered sulf. strych. hypodermically in heroic doses. At six a. m. she had rallied somewhat. I now gave 10 gr.

strychnin every hour. Also pusht the whisky. The calomel began to act well by this time. Got some rich broth down. Left off the flannel and lard application.

At twelve, Tuesday, just 12 hours after second dose of antitoxin, I gave the third 1000 units. No more antitoxin after this dose. Added to the cleansing treatment the following powder by insufflation:

Calomel	aa. grs. v
Chlorate pot.	grs. x.
Sulphur	grs. xx
Starch	grs. xxx
Common salt	

Made into a fine powder.

This preparation was blown into the fauces, and even down into the larynx at times, every two hours, alternating with the spray. Occasionally this caused some momentary strangulation, but it always did good service by clearing out filthy mucus and debris. Continued the minute doses of mercury and ipecac for three days, every two to four hours. About eight a. m., Wednesday, thirty-six hours after beginning the antitoxin, the membrane began to exfoliate considerably, the case steadily improving, but very slowly. Wednesday noon we began to lengthen the time between medicines, giving more time for rest. She could now sleep quietly for a short time, breathing comparatively easy.

I now gave her $\frac{1}{4}$ gr. sulf. strych., 15 gtt. dil. phosphoric acid, 1 gr. quinin, 1 dram liq. pepsin, every four hours for some time, then six hours apart for a day or two, then three times daily after eating. Pusht the stimulants and nourishing diet now. The spray and powder soon cleaned out the exfoliating membrane and filthy secretions.

On Friday I made my last visit, but had the father to report to me every day for several days. The power of audible articulation is slowly returning.

This was a happy termination of what seemed to be a hopeless case. I verily believe the case would have terminated fatally before the antitoxin could have conquered it but for the vigorous treatment carried out beforehand and during its administration. I believe the gravity of the case warranted the frequent interference by giving medicin, spraying, etc. I also believe strongly in the salutary effects of antitoxin.

Beech Grove, Ky. I. J. TOWNES, M.D.

A Mountain of Trouble.

Editor MEDICAL WORLD:—Mrs. O. B., aged 46 years, and mother of eight children, eldest 21, and youngest 2 years of age. She had always enjoyed good health. Dark hair, brown eyes, of medium size, and in weight about 160 pounds. She descended from a very healthy and long-lived family, as she has three aunts now living whose ages are respectively 86, 89 and 96 years. February 24th, 1900, hemorrhage set in without pain. Rest in bed, opium and ergot were used to control it. On the 26th hemorrhage again returned; the same treatment quieted it in about twenty-four hours. On the 27th there was a chill; now pneumonia made its appearance, tho in a mild form. Quinin, Dover's powder, carb. ammonia, aided with turpentine stupes, cured it in about eight days. In the meantime, while the lung was healing, a pain commenced in the right knee, and extended to the foot; the limb became stiff, white and glistening; some inflammation, but entirely helpless. No pain was felt if the limb was left at perfect rest. The lower part of the limb became full of boils as large as a cherry stone; these boils contained blood and pus. Bandaged in cotton and sweet oil, these boils healed very readily; yet they left an open cavity. In about five days this limb was of service again. The pain now entered into the left limb at the same place, and acted precisely as in the right. Severe chills, of an hour and at times an hour and a half, accompanied these boils. Chills were irregular, sometimes one in twenty-four hours, and at times two, or even more in that time. A high fever followed the chills. After chill was gone, the patient felt sore over her whole body. Medicins were of no avail in either chills or fever. Sponging in tepid salt water six times in nine hours, reduced the fever three-fourths of a degree. Sponging was relied upon in reducing the fever. A dry, sore, and crackt tongue was an early symptom, and it continued. Bowels and urinary organs continued almost normal. A pale and orange-like appearance of the skin was present towards the last, more noticeable in the face. A good appetite prevailed. Full consciousness remained to the last, as also did speech; the latter gradually fell into a whisper some six or eight hours before death. Death, which was calm and painless, seemed to merge

into a quiet slumber. In seventeen days, with the above named ailments, the call was given to the *purest, best and dearest* companion that our beloved Maker ever allowed the eyes of man or children to rest upon.

In a practise of three decades, a diversity of scenes present themselves to call forth sympathy from our hearts, altho its *inside* may remain untouched. I crave a hope that none of our profession will be called upon to *own* in mind and heart what such an occasion can bring forth.

If the treatment was at fault, let me state, that four professional brethren were in attendance, in skill equal to any in the central part of Pennsylvania, the husband's mite not included.

Pulse, temperature and respirations, for the last week as follows :

	Pulse.	Temperature Axillary.	Respi- ration.
March 7, at 10 a. m.,	108	104°	
March 7, at 2 p. m.,	102	103½	
March 7, at 6 p. m.,	104	103	
March 8, at 7 a. m.,	112	102½	
March 8, at 3 p. m.,	120	103½	
March 8, at 7 p. m.,	120	104	
March 9, at 7 a. m.,	132	104	
March 9, at 2 p. m.,	132	104½	
March 9, at 7 p. m.,	136	104½	
March 10, at 7 a. m.,	132	102	48
March 10, at 2 p. m.,	132	102	48
March 10, at 7 p. m.,	132	102½	48
March 11, at 7 a. m.,	132	102	52
March 11, at 1 p. m.,	144	104	52
March 11, at 5 p. m.,	132	103½	52
March 12, at 7 a. m.,	108	100	52
March 12, at 1 p. m.,	108	100	60
March 12, at 8 p. m.,	144	105	60
March 13, at 7 a. m.,	100	100	45
March 13, at 7 p. m.,	108	100½	45

Fourteen hours after this last date, or 7 p. m., death had claimed its victim.

The treatment was governed by the symptoms as they appeared.

Diagnosis and treatment of this case is respectfully solicited. May the Editor also have his say. H. H. BORDNER.

Shamokin Dam, Pa.

[You do not say where the hemorrhage came from, whether from the lungs or uterus. The chills were caused by blood poisoning, and the pneumonia was probably also caused by the septicemia. After the hemorrhage it became a case of blood poisoning, and the symptoms arose from that condition. There may have been decomposing blood at the seat or in the track of the hemorrhage, which was absorbed into the blood. Treatment should have been addressed accordingly,

not aimed at the symptoms, but at the *cause*: blood poisoning and its source. The greatest loss that can befall a man is that of a wife like the one above described. We all extend our sympathy.—ED.]

A Case of Choking.

Editor MEDICAL WORLD:—One day last October I was very greatly interested in reading the finishing chapter of "Janice Meredith," when I was very hurriedly called to see a negro woman, age about forty-five, one mile and a half from town, whom the messenger boy said was "choking to death." When I reached her house I found quite a good many of the darktown people gathered in. After they had tried all the remedies they knew of and failed to make her "cough up," they sent for me. The woman was almost unconscious, and almost having convulsions. Her husband said she got choked while eating dinner, and had been that way for over an hour before my arrival. I at once administered ½ grain apomorphin hypodermically, and in five minutes she threw up a "meat skin" two by four inches. Made an uneventful recovery.

CHARLEY COLVILLE ROSS.

Pikeville, Tennessee.

Quinin and Post Partum Hemorrhage.

Editor MEDICAL WORLD:—A few years ago I was puzzled to know why cases of post partum hemorrhage had become so frequent in my practise, whereas in a long practise they had been so rare. I had two cases within a short time that flooded freely. In one of the cases I had the women to feel the contracted uterus, and told them what it was, and also told them that whenever they felt that lump there was no danger of flooding. In a short time, however, my patient flooded freely. Soon after this I saw in a medical journal that some physician had collected twelve cases of post partum hemorrhage, claiming that they were due to quinin as an oxytoccic. It flasht upon me that that was the cause of the flooding in my cases. I had gotten into the practise of giving quinin to excite labor pains. I quit it and have had no flooding after labor since, tho I had a case of purpura hemorrhagica in a primipara in which I feared flooding.

I look back some twelve years to a case that was nearing confinement; she had malarial fever. I gave quinin to prevent

the paroxysm; labor came on and after it, flooding.

I see that quinin is lauded to the skies as an agent to promote labor pains. I now have no use whatever for it in labor. I suspect that this communication will stir up a hornet's nest, but let it come. Oxford, Fla. THOS. H. HAMMOND, M.D.

Thiosinamin.

Editor MEDICAL WORLD:—The drug is made by mixing two parts of oil of black mustard seed, one part of absolute alcohol and seven parts of aqua ammonia of the specific gravity of .0960, warming to 105° F., and after a few hours evaporating over a water bath. Thiosinamin is deposited as the mixture cools as colorless, rhombic crystals, having a garlic odor and very bitter taste. It causes a garlic taste in the mouth, diuresis and diaphoresis in doses of four to eight grains three or four times a week.

Thiosinamin produces the resolution of benign and malignant tumors and the absorption of scar tissue and cicatricial contraction of the skin, tendons or ligaments. Twenty-five injections caused complete extension of so severe a contraction of the palm that the finger nails had grown into the flesh. It has been used with success in frightful contractions after burns; in ankylosis of the knee after lupus; in uterin myomata and tumors of the uterin appendages; urethral strictures; chronic, enlarged and tubercular lymphatic glands; cicatricial contractions after lupus; keloid; carcinoma; lupus (in the two latter only improvement, no cure); sarcoma; fibroids; syphilis; and ectropion. It removes perfectly corneal opacities, but there should be no vestige of inflammation when thiosinamin is used.

The drug is always used hypodermically and is injected either subcutaneously or slowly into the muscular tissue between the shoulder blades or into the biceps, twice a week; begin with one-half grain and increase to one and one-half to four, or even eight grains; discontinue injections for ten days every one and one-half to two months. It never should be used oftener than once a day. It has been injected in doses as high as two drams into carcinomatous tumors without any stomach distress and without appreciable good effect upon the malignant growth.

A 15 per cent. alcoholic solution causes

sharp pain at first; better is a 10 per cent. solution in equal parts water and glycerin.

F. G. OEHME, M.D.

Roseburg, Oregon.

Empyema of the Antrum.

Editor, MEDICAL WORLD:—How many practitioners, in treating a case of nasal catarrh, think of the involvement of the adjacent sinuses? That this occurs oftener than suspected may be confirmed by any nasal specialist. The specialist who had me in charge, Dr. J. H. Philip, had three cases of antral trouble the very day I applied for examination. About three weeks previous I had some extensive dental work done, which required considerable grinding down of the teeth, some of them carious. The dentist then blew the dust out with a bulb syringe. I remember having a pharyngitis after the second or third day, but as the sittings lasted from three to four hours and I was quite busy after that, I could not treat myself. It past over in a few days and was forgotten. Two weeks later I was exposed to damp and rainy weather, and had my window down further than usual that night. The next morning I had "a bad cold." There was a sero-purulent discharge from the nose; about noon there was chilliness and malaise and a slight, dull pain referable to the third branch of the fifth nerve. I felt bad enuf to lie down. After a time the pain became more markt over the exit of the infra-orbital, and on retiring it was located at the exit of the supra orbital nerve. The symptoms became more aggravated on succeeding days, consisting of copious discharges from the nose and severe headache, sometimes neuralgic, again congestive in character. As my dental experience had already past out of my memory, and the symptoms followed directly after exposure, I thought I had the grip. I took phenacetin alone and in various combinations and used douches of dilute Dobell's solution for the nostrils, without amelioration. It was only on the fourth or fifth day that I was first imprest with the fact that the discharge came from the left nostril only, the right being quite dry. It became more purulent in character and quite tenacious. I then had the presentiment that my left antrum was affected, but I could not account for it. True, some of my teeth were carious above the gum, but on extraction the roots were

perfectly healthy. I had no previous nasal trouble and did not think the antrum could be involved so soon after exposure. There was no tenderness on pressure over the antrum, no objective symptoms, and no increase in discharge on bending forward. I continued my own treatment for a few days longer and then consulted Dr. Philip. I had barely mentioned a few symptoms when he asked: "What do you think it is?" I knew what it was, but did not want to give him the cue, so I hesitated. He said: "I know; it is either the antrum or the frontal sinus; step into the next room." He then put an electric lamp into my mouth and after a few minutes said: "It is the antrum; there is a dark shadow right there" (over the cheek bone). "I know of no other condition which would cause a unilateral discharge of canary color; do you?" He next cleansed the nostril, and after examining it advised an amputation of the mucous flap overlying the middle turbinate bone, so as to afford better drainage and if necessary, to wash out the antrum. He ordered a spray, consisting mainly of a solution of suprarenal capsule and asked me to call the next day at 9.15 a. m. I was promptly on hand at the appointed time. After examining the nostril he said: "Doctor, much as I love to operate, I hesitate when I think it can be avoided. I have done this operation many, many times, and I delight in it; but I think I can cure you by local treatment." The delight was now on my side, and I must have shown it. Twice a day for two weeks he applied a 10 per cent. solution of suprarenal capsule, and at the end of that time the discharge had almost ceased. I could breathe freely thru the affected nostril, and felt no other inconvenience. Two or three more successive applications and I was cured.

Some of your readers, remembering my criticism on organotherapy may think I am inconsistent in permitting the use on myself of suprarenal capsule. But Dr. Philip did not administer suprarenal capsule for Addison's disease, but to deplete the tissues—and that was the point I made, that a dead organ could not restore the function of a corresponding organ in the living body. I remark at the time concerning the astringent qualities of the adrenals, and that I did not believe they exerted like properties in the

living body. Since then my views have been strengthened; a chemist of Messrs. P. D. & Co. has succeeded in isolating the chemical in suprarenals, and a solution of the same in the strength of 1:10,000 will blanch the conjunctiva in a few minutes. Again Messrs. Wyeth Bros. announce that the efficacy of testicular juice is due to the glycerophosphate of calcium it contains.

But I am digressing; my subject is antral empyema. I do not intend to inflict any booklore on you, but only my experience and deductions. Besides reaching the antrum thru the nasal cavity, Dr. Philip also taps it thru the alveolus of the first molar tooth. This has the advantage of more perfect drainage, and by wearing a canula the patient is enabled to wash out the cavity himself, whereas if the antrum is washed out thru the nose, it necessitates an office visit each day and it is also more tedious and disagreeable to the patient. Dr. Philip perforates the maxilla by means of an electric drill in less than a minute, and by the use of local anesthetics, it is almost painless, so I am assured. Now something as to the character of the discharge: The nose does not run; you have to blow it and blow it hard to dislodge the discharge; the quantity is from one to three thimblefuls I should judge. It is purulent in appearance and jellylike in consistence. The discharge varies in amount and character at different times of the day. Between 11 a. m. and 4.30 p. m. it was most copious and fluid and did not interfere with nose breathing. It accumulated so fast that the nose had to be emptied every half or one hour. After six o'clock the discharge coagulates and causes "snuffles." At night the obstruction is sometimes so great as to awaken one, and necessitates mouth-breathing. After rising and until 11 o'clock, the discharge is slow to accumulate and breathing is easy; after that hour it is more copious and sometimes a fetid odor is perceptible to the patient. The discharge is acrid and causes inflammation and fissures at the margin of the nostril. A cursory examination with the microscope revealed only streptococci. I did not make any plate cultures. The attack lasted about four weeks and ran the course of an acute, infectious disease. The period of incubation, if the dental work was the cause, was two weeks; onset with malaise, feverishness and headache; duration, four weeks; ending by

lysis. If the malady is not treated timely and properly it becomes chronic and then lasts indefinitely. It is rare to have both antrums affected at the same time, but it may extend to the ethmoidal cells and frontal sinus of the involved side. The diagnosis is easy: unilateral discharge, purulent, canary-colored and fetid; transillumination shows opacity of the affected side; pain along course of fifth nerve. If exit of antrum is obstructed, there will be bulging of cheek; and if accumulation is sufficient, bulging of eye also, and in very severe cases, the pressure may cause blindness. If the ethmoidal cells and the frontal sinus are alone affected, the discharge is watery and odorless and the pain is to the inner side of supra-orbital notch. In conclusion, would ask the readers of THE WORLD whether they think the source of infection was the dental operations, or exposure to inclement weather; whether it was an unmixed infection or a sequel of influenza.

E. GOODMAN.

San Francisco, Cal.

Hydrophobia and Kindred Topics.

Editor MEDICAL WORLD:—Referring to Dr. Jesse Elwell's letter in the April WORLD (page 165) I would state that there are undoubtedly certain kinds of porous stone that when applied to a wound would act somewhat as a cupping glass does—the porosity of the stone would cause it to draw out the fluids at the point of contact. But there are other methods of immediate local treatment as good as or better than this, which however, is more difficult in a tendonous region, as the back of the hand or top of the foot than in cellular or muscular tissue.

Constitutionally, I would bring my patient under the influence of arsenic and keep up the treatment for at least one year. I would prescribe as follows for an adult:

R

Arsenious acid gr. j

Sugar of milk gr. x

Make thirty (30) powders.

Sig.—One powder at 10 a. m., 3 p. m., and at bed time.

Patient to return regularly every ten days for observation of arsenical effects. Medicin to be withheld a few days when symptoms of oversaturation manifest themselves. I would see to it that the arsenic and sugar of milk were triturated thoroly, and would prescribe a smaller dose for a child.

I would consider a bite from a rabid dog occurring among tendonous structures especially dangerous; very much more so than in cutaneous, subcutaneous, and muscular tissues.

I have treated but one case with arsenic. It was an adult farmer who was alive five years after the accident. He took the medicin one year. The wound was in the scrotum and upper part of the thigh. Was uncleaned for two days after the bite from a dog that afterwards bit several animals, some of which, notably a cow, died rabid.

Now permit me to ask a question. How much truth is there in the statement that "a patient under the influence of arsenic cannot be vaccinated?" Now this is a very important matter. If living protoplasm saturated with arsenic within safe limits cannot be infected with the activ poison of vaccine, it is a reasonable supposition that arsenic will inhibit the systemic effects of other or of some other infections whose incubativ period is sufficiently long to permit us to bring the patient safely under the influence of the drug.

Other questions: Who has had experience with mad dog bites occurring on the back of the hand? If rabid symptoms occurred, how soon after the bite? Have bites among tendonous structures been characterized by great fatality? Somebody answer these questions who is not directly or indirectly interested in the sale of specifics for this infection. I would like to hear from the health officers of the District of Columbia, and other places where rabies has prevailed extensively.

One more question: Can the living protoplasm of a human being be safely saturated with arsenic or strychnin to a degree that will make it immune to the bacillus of tuberculosis? In a practise extending over forty years, I have found the greatest good to come from the use of these drugs in the treatment of so-called consumption.

HORACE P. PORTER, M.D.

Port Arthur, Tex.

Tonsillitis.

Editor MEDICAL WORLD:—I have been using this winter in tonsillitis a combination of suprarenal extract one part to four or five parts of two per cent. cocain solution; have used it in all sorts of cases, but find it especially useful in the acute forms where there is much redness and swelling.

The idea suggested itself in a case where there was total inability to swallow or articulate; temperature 103°. I made a thoro application of above and left her on $\frac{1}{4}$ aconitin and one grain calcium sulfid every two hours. On returning in four or five hours found complete amelioration of symptoms. I then began using it in all cases that presented with uniformly good results; but when cases had run some time and there was some ulceration, an astringent gargle was used. I also used salicylate of soda internally when there was any suggestion of rheumatism. I do not find it mentioned much in literature for this special purpose, and hope the WORLD readers who have not already used it will try it and report success. I find THE WORLD the most practical of all journals I read. Its arrival is always noted with great pleasure.

W. E. JOHNSON, M.D.

Warrensburg, Mo.

Tonsillitis.

Editor MEDICAL WORLD:—I see an M. D. asking for treatment for tonsillitis.

Tr. iodine 3ij
Glycerin 3j

M. Sig.—Apply with swab. Paint tonsils well every 2 or 3 hours, and give a good dose of magnesia sulfate. If this is done before pus is formed, it will cure.

Dumont, Col. J. W. COLLINS, M.D.

Diphtheria.—Fever.

Editor MEDICAL WORLD:—It is a serious thing for a doctor to underestimate the dangers of disease. The writer was called to see a child of eight years that presented pulse 100, temperature 101°, follicular tonsillitis to all appearance, with muscular pains. Had pulse been a little quicker and temperature higher, two grains of calomel would have been promptly given with a good glycerin injection to unload bowels, and a saline laxativ in large and frequent doses and Abbott's dosimetric trinity would have been prescribed; but instead of this the case was struck at mildly; sodium phosphate was given, grains xv every six hours instead of grains xxx every two hours until effect. The glycerin injection was not used at all, and the dosimetric trinity was given with a too careful hand. The bowels did not act in response to the small doses of sodium phosphate, and after four days the child died with diphtheritic croup.

Later on the writer was called to a case of diphtheria; there was no mistake about this. Calomel, grains two, was given night and morning, and an iron potass. chlorate and phosphoric acid mixture prescribed, H₂ O₂ spray was used, and the glycerin injection per rectum was administered at the outset. The glycerin cleansed the bowels of about a pint of hard faces, and in twenty-four hours the case was out of danger, fever absent and throat clear.

These are a few things I do when first called to a fever:

1st.—I give a good injection of glycerin or soap suds and soda.

2d.—I give business-like doses of calomel for the first day or two.

3d.—I use saline laxativs frequently and for effect.

4th.—I give dosimetric trinity in frequent dosage, often up to reflex effects.

5th.—I do not put the laity "on to" my methods, and this is the most important principle of all. A doctor that goes into a therapeutic partnership with his patients or their friends is breaking down the bridges that other hands have built. He is a common enemy to mankind and his profession.

DR. BOYNTON.

Sandy, Utah.

Rheumatism.

Editor MEDICAL WORLD:—The article on acute articular rheumatism in March WORLD, pages 83 to 85, has commanded my thought since reading it a few days ago. First, because of the truthful expressions in your description of it; second, because I am quite sure that if each reader of THE WORLD will adopt the following treatment after a close and careful study of each individual case diagnosed rheumatism, he will be even more skeptical than ever of so called specifics, and will have results that are gratifying.

Each case of rheumatism must be studied individually, and must receive an individual remedy. I here present the remedies that I most frequently use in rheumatism with indications for each:

Aconite, one part, alcohol, ten parts; five drops every two hours. High fever and restlessness; pulse full and strong; great thirst; anxiety, attended with inflammation of large joints, which are red, swollen and exceedingly sensitiv to contact. To be given in the beginning of the attack.

Bryonia, one part drug, ten alcohol;

five drops every two hours; comes later than aconite. The fever is adynamic; joints still swollen but are pale or dark red, yet exceedingly painful, aggravated by the slightest motion; irritable stomach; some thirst; constipation and nausea.

Rhus tox; one part tincture to one hundred parts alcohol; five drops every two to four hours. The symptoms are the same as for bryonia except patient is better if he keeps moving the swollen limb.

Colchicin; one grain Merck's Colchicin to one ounce alcohol; five drops repeated from two to four hours. Case comes to you fully developed after a week of pain; a marked aggravation in the evening; joints are swollen, dark and red. Most useful in weak persons, who present symptoms of torpor other than local rheumatic condition; urine scanty, pains of tearing nature. Used also as an intercurrent remedy for pain.

Cimicifuga; one part tincture, one hundred parts alcohol; dose, five drops. For wandering pains of muscles of limb and trunk; rheumatic affections in nervous and hysterical women.

Ranunculus; one part tincture to one hundred parts alcohol; five drops repeated every two hours, for rheumatism of the intercostal muscles.

Ledum; tincture in five-drop doses every three hours will cure arthritic nodosities; small joints affected with rheumatism, when hot, swollen, and the pain begins below and travels upward.

The above remedies have cured many cases that absolutely baffled me previous to their adoption into my practice. The above are the ones I most frequently use; however, twenty others are useful in small doses for rheumatism. There are many individual cases of this disease, and I know if the remedy were selected and applied individually, most of the cases would be found curable. My practice has proven this. C. E. HOOVER.

Edgerton, O.

Cured by Stroke of Lightning

Editor MEDICAL WORLD:—Dr. M. J. Palmer of this city requests me to report an interesting case he had under his professional care. Mrs. A. E., aged sixty, called on him April 10, 1900, for treatment. Examination revealed the following: Duration of illness, two years; slight hemiplegia, right side, three months; con-

stipation, several years; unable to do household duties on account of extreme weakness. The urine was highly acid, specific gravity 1044; no albumen; sugar in abundance. September 30, 1900, not quite so much sugar in urine, as heretofore; hemiplegia almost gone. On the above date patient was sitting on a chair in the door, lightning struck a tree one hundred yards away from her house and the shock threw her from her chair to the floor. She was speechless and motionless and remained in that condition six hours. When she recovered from the shock sufficiently to speak, she stated that she was conscious all the time; that she felt a numbness accompanied with tingling only. Next day she ate heartily, bowels moved without taking medicine, hemiplegia completely gone, and she was able to do her household duties without assistance. Specific gravity of urine October 4, 1900 and again on December 15, 1900 was 1020 and not a trace of sugar could be found. She has been enjoying first class health ever since. Comments are requested.

Dr. Ford's operation for producing sterility in the male is an ideal one, provided it does not produce any bad results. If the testes keep on secreting, the accumulation of semen will finally produce pain in the testes, similar to that produced by abstinence from coitus. If the testes simply wither away after the operation, there would not be any trouble from that source. Dr. Ford, please give us the results of your observation, on the above point?

Beardstown, Ill. C. C. PATCHEN, M.D.

Abdominal Tympany and Nervousness.— What Was the Cause of Death?

Editor MEDICAL WORLD:—For the first time since I have been a subscriber, I have a case, the analogy of which has not been described in THE WORLD. Female, aged 12, good family history. Personal history fair, except for attacks of nervousness, characterized by jerking of certain groups of muscles, and fear of impending danger. She slowly improved when taken from school and placed on treatment for chorea.

An oculist found a slight astigmatism, which improved with appropriate glasses. We had two carious molars extracted. No other source of reflex irritation could be discovered. Last fall she resumed her school studies without recrudescence of symptoms. Her abdomen, however, became tense and tympanitic, but without

evidence of tenderness on palpation. She is extremely nervous at times. The appetite is fair and digestion good, but she has frequent attacks of belching of gas. The bowels are constipated. She has had anti-ferments, digestants, and intestinal antiseptics. At one time an infusion of senna, ginger, and columbo, gave relief; but it soon lost its effect, while the trouble remained. She is now taking aloes and asafetida. This quiets the nerves and relieves the constipation, and the abdomen is somewhat less tense. Is the difficulty altogether neurotic? and if so, what will remedy it?

I am one who reads with as great interest those cases which terminate unfavorable as I do the records of those which yield to treatment. I saw a mother of five children, youngest three years old, at 1 o'clock a. m. She had been feeling well until suddenly seized with a pain in the abdomen, which continued despite all efforts at relief. When I saw her two hours later, temperature was normal, and pulse 82 and was full, soft, and regular. No abdominal tenderness. I advised hot applications to the abdomen, and placed four tablets of morphin sulfate, gr. $\frac{1}{4}$, and atropin, gr. $\frac{1}{15}$ in four ounces of water. She was to take a teaspoonful every ten minutes till relieved. I was summoned at 10 o'clock the next morning and found her with pulse 136, and thready; lips cyanotic, extremities cold; pupils dilated; very restless; she was, in fact, in collapse. She was able to say that she "had taken three doses of that medicin, and feeling no more pain, had taken no more." I gave restoratives and stimulants, but she died two hours later. What was the cause of death?

Busti, N. Y. A. J. BENNETT, M.D.

[You have managed the case perfectly. We believe the abdominal distension is due to intestinal indigestion. We would give salines till free purgation is induced, and aromatic fluid extract of cascara afterwards to keep the bowels free, also a starch digestant after meals. We would suggest beta-naphthol as an intestinal antiseptic. We have no idea as to the cause of death in the second case. What do our readers say?—Ed.]

MY DEAR DOCTOR:—Do not for one moment think that THE WORLD and your efforts to make it what it is are unappreciated because some of us are the least bit neglectful in paying subscriptions when due. I have been with you since your efforts began, or soon thereafter, and expect to "be with you till I die." Inclosed please find order for three dollars for another four years' run.—R. W. Bower, Sheridan, Ill.

Cerebro-Spinal Meningitis.

Editor MEDICAL WORLD:—We had an epidemic of cerebro-spinal meningitis here in 1864, from February till May. I had then been practising only seven years. It was new to me, and I could get no information from our authors, nor help from council. We all lost our first cases until we went to sweating them freely and giving large doses of quinin; then we cured nearly every case. Never try to give physic until the congestion is broken up. Apply counterirritation to the spine. Don't be afraid of quinin; adult dose 20 to 40 grains every one, two or three hours until relieved, then as required.

Lawrence, Mich. A. S. HASKIN, M.D.

Cerebro-Spinal Meningitis.—Chronic Indolent Ulcers.

Editor MEDICAL WORLD:—I write but little, but wish to give the WORLD family my treatment of cerebro-spinal meningitis. Rub the entire length of the spine, and for three inches on each side of it, with a bristle brush or coarse cloth until the skin is tender; then apply freely a mixture of croton oil and tincture iodine, equal parts. Cover with cotton and bandage. If it fails to cause pustulation in twenty-four hours repeat the application. Combined with the indicated internal remedies, this treatment has been successful in my hands in eight out of ten cases. Keep the head cool, the bowels loose, and the diet confined to liquids. Have the room dark and quiet and at an even temperature.

In chronic indolent ulcers in chronic alcoholics, I have had good success with the following ointment:

Quick lime one ounce.
Nitric acid, c. p., of each . . . one ounce.

Stir well together till cool, then add one pound of melted lard. Cleanse the ulcer with soap and warm water twice daily, and apply this ointment on clean cloths. Give iodid of potash, sarsaparilla, and burdock internally. Restrict the diet. Forbid liquor. This will produce rapid healing if the case is not complicated by syphilis. I can write again, but my age is against me. H. C. SKIRVIN, M.D.

Antioch, Mo.

[Every old practitioner has some favorite remedies which have stood the test of time. We are always glad to hear from the old men.—Ed.]

The "What Is It"?

Editor MEDICAL WORLD:—Enclosed find money order for \$3.00 for WORLD. Please excuse my tardiness in remitting. We are having in this vicinity several cases of the much talked of "what is it," called by the different names of small pox, chicken pox, impetigo contagiosa, "Cuban itch," nigger itch, etc. Many of the writers on the subject, in fact, most of them in the April WORLD, give a very pretty pen picture of the rash and its symptoms as it appears here, yet there is one point I have not seen recorded by any one yet. I refer to the delayed erupting of some of the vesicles. In one of my cases, eight days after first eruption appeared and after all seemed to be dried up and gone, there appeared two or three well developed, full-sized vesicles. This case was a little girl, 7 years of age. She was not confined to bed, no fever, noticeably, and did not have more than eight or ten of the vesicles all told. Her father at the same time (March 20) had about twenty or twenty-five vesicles, and on March 27, after most of them had dried, he went to the field and to sowing oats. Next day he had slight fever and about 350 or 400 of the vesicles came out. About 100 of these were distributed over face, neck and scalp. This was eight days after first appearance of the eruption, and this time no part of his person escaped, even to the soles of his feet and palms of his hands.

There has not been a single death from it here, and none of them very sick. They hardly go to bed with it.

One of my cases seemed to reach the stage of papules and then aborted or went back after forming ten or twelve papules, not more than two of which ever reached the stage of vesicles.

Bicyrus, Kan.

FRANK KERR.

A Voice from Alaska.

Editor MEDICAL WORLD:—In your January, February and March issues, references were made to a disease that has been called "Cuban itch," small pox, and by some impetigo contagiosa. If you permit me the space, I will describe a disease that has appeared among the Indians at Saxman, Alaska, an Indian village about two miles from here.

Information having been received by the Council of this town of the presence of small pox at Saxman, I was requested to investigate and report to them. I found thirty cases of the so-called small pox in various stages of eruption. The first case was as follows:

George Johnston, age 60, sick three weeks; had at beginning of attack a feeling of malaise, pain in back and arms, slight sore throat, no vomiting. On third day rash appeared on head, face, arms and body. I did not see patient at this stage, but gleaned the above by questioning. When seen, the patient was in the pustular stage, the top of his head, arms, anterior and posterior part of body, palms of hands and soles of feet were a mass of pustules. The roof of the mouth and tongue contained vesicles; the tongue was heavily coated, the voice hoarse,

the face swollen and the lids of the eyes could hardly be raised. Temperature normal, pulse 84, appetite fair; complained of nothing but weakness and discomfort from sores on body and eyes. Had no inclination nor desire to scratch. This patient was at the end of the suppuration stage and the beginning of the stage of desiccation.

Case No. 2: James Strach, age 22. Had been sick two weeks; had sore throat; malaise; pain was slight; the eruption had been on head, face and body; now well; no pitting.

Case 3: James Joseph, age 15. Sick two and one-half weeks. At beginning of attack had pain in head and back, and sore throat. Is now in pustular stage and in similar condition to Case 1. Pulse 114; temperature 100°.

Case 4: Mrs. Bernard, age 50. Sick eight days. At beginning had headache, pain in the back and sore throat. Rash broke out on third day; now in desiccative stage; pulse 63; temperature normal; no pitting. Husband is a white man, and he has not had disease.

Case 5: Mrs. Tolsen, age 24. Sick thirteen days. Had at beginning headache, sore throat and slight itching; on the fourth day rash appeared; now well and the red discoloration of skin gradually disappearing; no pitting. Husband a white man who has not had the disease.

Case 6: Maggie Fisk, 37 years. Sick eleven days; pulse 96; temperature normal. At beginning had headache, pain in back and sore throat; rash broke out on third day and extended from top of head over face and body; is now convalescent.

The other twenty-four cases gave a history of headache, pain in back and sore throat at beginning. Some of the cases were comparatively mild, others like Case No. 1.

My report to the Council of Ketchikan was that while the disease to a great extent resembled small pox, it was not small pox, but a disease of a highly contagious and infectious nature, the medical term of which is unknown; and that while at present it seems to be confined to one locality, unless steps are taken to quarantine Saxman and stamp out the disease, in all probability Ketchikan would be visited by it. At the request of the Council I took charge at Saxman with the following result: In all there were 42 cases, some of which were convalescent, some in the vesicular stage, and some in the suppuration stage. In the first place, the disease seems to be confined, so far at least, to the Indians, no white man having had it. The majority of Indians at Saxman are exceedingly dirty in their habits. Their houses, in each of which very often several families live, are never swept or cleaned; such a thing as a broom is not made use of. Their bed clothes and wearing apparel are not washed once in six months. Such a thing as a bath is unknown—at least not attempted; knives and forks are not used; they eat with their fingers, which are never clean. They let their meats and foods of all kinds lie in the house without covering or protection; to protect themselves from the gaze of other occupants, each one has a tent, or rather a tepee, to

cover them at night, and the same condition prevails there. Every Indian has one or more dogs, of the most worthless kind, and all have the mange or some other disease. The dogs are on equal standing in the family with the children. This is not true of all Indians at Saxman. Some are cleanly in their habits, tho a very few, and follow the white man's custom of eating with knife and fork. Those who were dirty in their persons and houses seem to have contracted the disease in its most virulent form, while those who were cleanly in these respects were afflicted in a comparatively mild form, and in some cases, especially where the husband is a white man and personal cleanliness was observed more freely, the disease seemed to have very little effect, so far as the appearance of the rash is concerned.

The characteristic symptoms, headache, pain in the back and limbs, sore throat and fever would occur, but the rash itself was hardly perceptible. This disease is nearly identical with that described by Dr. T. R. Hall, of Bladen, Neb., in February WORLD. It generally begins with a feeling of malaise during one or two days, fever 102° to 104° , headache, pain in the back and limbs and sore throat, slight itching *at this, but at no other stage of the disease*; tongue gray-coated at each side and red at the tip, extending back in center line one-quarter of an inch. This is the characteristic tongue in the beginning of the disease in all cases. In young children and young adults, vomiting sometimes occurs at beginning; in older adults no vomiting, and there is no chill. A rash now appears which to some extent resembles measles, and in four or five days develops into vesicles with rounded top and raised above the skin. The vesicles suppurate and scab over in ten to twelve days, with but slight discomfort; the head, face, body and limbs are a mass of pustules, generally discrete, with dark brown scabs, which dry up in four to six days, leaving some red discoloration, which gradually disappears, but no pitting. There is no umbilication, no shot-like feeling, no secondary fever. After the suppurating stage you can safely discharge the patient.

Upon taking charge I had the place quarantined, every house swept and scrubbed, made every one able to do so take a bath, shot all the dogs, and isolated the new cases as they occurred, using the school house for a temporary hospital. The treatment was hygienic; carbolic solution for face and body; for the sore throat:

White ext. pinus canadensis...
 Listerine.....
 Bromide of potass.....
 Peroxid of hydrogen.....ãã oz. ss.
 Water.....oz. iv.

Sig.—Use as a gargle four to six times a day.

In young children I used the same solution as a spray.

For the eyes a boric acid solution.

For fever, if 104° , I gave phenacetin and salol; otherwise I let it alone. I cleaned out the alimentary canal with calomel and soda, salts, and in children castor oil. I vaccinated

four, three of whom had the disease in a mild form, and one quite severe. I did not lose a case. The only death that occurred while I was there was from consumption. At present writing all are walking about except one, and he is the one I vaccinated. He is in the second stage of the disease, but doing well. In conclusion, Mr. Editor, this disease is not small pox; "Cuban itch" is not a proper name for it, as there is not enuf itching attacht to it to designate it by that title; it is not impetigo contagiosa. Now what can it be?

At Sitka the same disease prevails, and it has been pronounced to be small pox.



Inclosed I send a photo which was taken two days before the suppurating stage.

In no case was there pitting after recovery.
 Ketchikan, Alaska. HENRY C. STORY, M.D.

Editor MEDICAL WORLD:—In recent issues of several journals I notice a great deal of discussion over the so-called cases of small pox raging in certain localities, and not until the last few weeks have we had any of like cases to contend with. I would like to here state that I believe it proper for a physician to be conservative, and to be on the safe side as to protecting the public from such diseases, until he can establish a correct diagnosis. But in these cases which I have reference to, I hardly think it advisable to pronounce such a judgment on a patient and alarm a community until you are sure of your diagnosis. In one of our nearby towns a young lady broke out with this so-

called small pox; head and back aching severely, with fever, and an eruption appearing on her forehead. When it became known that she was sick, several friends called to see her; noticing the eruption, they advised her to call a physician. This was done, and the health officer was called in, who pronounced it small pox. The duration of this case was two weeks. The shotty feeling imparted to the touch was not distinct enuf to make a small pox diagnosis positive; no secondary fever; skin between lesions assumed a normal color; no tract of umbilication; collapse on puncturing the pustules; no one has taken this disease except her brother, who was with her during her sickness. In my own city we had one like case develop; this patient was in the stores and mingling with the people on the streets, and no one has taken the disease. Now the history of our small pox epidemics presents entirely different features and results.

B. A. WASHBURN.

Wickliffe, Ky.

The Board of Health of Ontario has issued an illustrated circular to the physicians of that Province to assist them in the diagnosis of small pox, and in differentiating the mild variety now prevalent from chicken pox and other eruptive diseases. The following is a part of the circular:

But modifications of the disease have not been uncommon in the widespread outbreak of small pox which has prevailed over the United States and Canada within the past two years.

Some of these are the following:

1. Some cases have but little prodromal fever; some have pains in back, some do not; some vomit, some do not.

2. In some the eruption without shotty feeling appears altogether and disappears with one crop; in others there is the shotty feeling with occasionally another crop of vesicles.

3. All the secondary eruptions are papular in the first stage (there being seldom any primary rash) and may become vesicles within three days; some abort at this stage and dry up, while others become semi-purulent, marked at the apex with a dark spot, but with no notable umbilication.

4. In some there is no secondary fever.

Intestinal Antisepsis in Typhoid Fever.

Editor MEDICAL WORLD:—After trying almost all of the much vaunted intestinal antiseptics in typhoid fever with unsatisfactory results, I have gotten good results from borolyptol. I do not mean that it is a specific, a cure-all, supplanting all other treatment, but I do claim that with it (a teaspoonful, diluted, every six hours) there will be less diarrhea, less dryness of the tongue, less tympanites, less delirium and less general discomfort. In nearly three years use of it, in seventy-five to one hundred cases, my mortality has been the loss of only one case, and that from meningitis

as a complication, setting in after convalescence from the fever was well established. My mortality in the same community, with the same type of fever, ranged from 5 to 10 per cent. previously.

W. H. THOMAS, M.D.

Steele's Tavern, Va.

[The above article was held until we could get the formula for borolyptol. The manufacturers (the Palisade Mfg. Co., Yonkers, N. Y.) give the following statements as to its composition: Borolyptol is composed of

Formaldehyde	0.2 per cent.
Aceto-Boro-Glyceride	5 "
Pinus Pumilio	Active Balsamic Constituents.
Eucalyptus	
Myrrh	
Storax	
Benzoin	

It seems that the formaldehyde is the constituent in the above to which the chief credit may be given for Dr. Thomas' gratifying results. Upon inquiry, Dr. Thomas afterwards wrote us that in former years he had tried salol, tr. iodine with carbolic acid, sulfocarbolate of zinc, etc., but they all failed to deodorize the stools and were of no appreciable benefit, his mortality continuing from 5 to 10 per cent., with from twenty to fifty cases of typhoid fever per year.—Ed.]

Editor MEDICAL WORLD:—In answer to "Illinois," page 165, April WORLD, I inclose a clipping.

New York Medical Times says: Many a household is rendered unhappy by the absence of children. This is sometimes owing to the husband and sometimes to the wife, but in many cases it is almost impossible to determine the real cause of the trouble. Here Jones of Edinburgh counsels not to forget the sedative affinity of belladonna toward the female sexual organs, and gives an opinion that the drug is followed by more or less benefit in every disease to which these parts are liable; and in married women who, tho apparently enjoying the best of health and never suffering from any irregularity of the sexual organs, are yet sterile, the exhibition of belladonna internally for some weeks is so frequently followed by pregnancy as to preclude considering the occurrence as a mere coincidence. Tho advancing no theory in regard to the matter, Jones has noticed that during the exhibition of the drug the external genitals become more relaxed and the os and cervix more pliable and softened.—Amer. Jour. Surg. and Gyn.

Brodnax, La. DR. BEN. H. BRODNAX.

Dr. H. J. Coffroth, of Greensboro, Md., writes: "I enclose and check for \$3. THE WORLD is always a welcome visitor to me."

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—I would like to know what ingredients "The Seven Sutherland Sisters' Hair Grower" is composed of. I should feel grateful if you would publish at least approximately what the mixture is made of.

J. SOBOSLAY, M.D.

San Francisco, Cal.

SEVEN SUTHERLAND SISTERS' HAIR GROWER.
"THE LUCKY NUMBER SEVEN."

"An elegant hair dressing. A sure hair promoter. Will permanently stop hair from falling out. A preparation free from irritating matter. For preserving and beautifying the hair, and rendering it soft and glossy, it is the best." Prepared only by the Seven Sutherland Sisters, Lockport, N. Y.

The container is a square panel bottle, with name blown into the glass, and holds 3½ fluid ounces of a nearly colorless liquid, having mark odor of bay rum and distilled extract of witch-hazel. Examination shows that the following formula makes a preparation substantially identical with the secret "hair grower":

Stearns's bay rum.....7 fl. oz.
Distilled ext. of witch-hazel..9 fl. oz.
Common salt.....1 dr.
Hydrochloric acid (5 percent.) 1 drop.
Magnesia.....sufficient.

Mix the bay rum and distilled extract of witch-hazel, and shake with a little magnesia; filter and in the filtrate dissolve the salt and add the hydrochloric acid. The agitation with magnesia causes the preparation to assume a yellow color; but by rendering it very slightly acid, with one drop of 5 per cent. hydrochloric acid, this color all disappears.—New Idea.

Editor MEDICAL WORLD:—Can you give me the formula for Hinds's Honey and Almond Cream?

C. W. KINNEY, M.D.

New York, N. Y.

HINDS'S HONEY AND ALMOND CREAM.

According to Mr. Geo. H. Rose (Drugg. Circ.) this preparation may be practically duplicated by the following formula:

Ointment of rose water..... 5 parts
Ointment of sweet almonds.... 5 parts
Glycerin..... 5 parts
Boric acid..... 5 parts
Solution of soda U. S. P..... 12 parts
Mucilage of quince seed (2 drs.
to 1 pt.)..... 25 parts
Water sufficient to make..... 200 parts
Oil of bitter almonds and
Oil of rose, of each sufficient to perfume.

Heat the ointment, oil and solution of soda

together, stirring constantly until an emulsion is formed; then warm together the glycerin, acid, mucilage, and about 150 parts of water; mix with the emulsion, stir until cold, and make up to 200 parts by adding more water. Lastly add the perfume.

Appropos to "what is in a name," it will be noticed that the preparation here proposed contains no honey at all. It is probably all the better for the omission.—New Idea.

Formula for "Santal Midy" is requested. Also for "Kendon's Catarrhal Jelly," made in Minneapolis.

Editor MEDICAL WORLD:—Will you please tell us in what the orgasm in a woman during sexual intercourse consists? I have read several opinions about it, and if it is not asking too much would like for you to explain it.

Beistersburg, Va. HORACE SMART.

[This is still a debatable question—or, rather, it is a subject for further investigation. One observer, who accidentally had an unusual opportunity for observation (unintentional production of the orgasm while the speculum was in the vagina), reported that the os uteri opened and the circumference drew inward slightly several times, producing a sort of suction, much as we have seen the kind of fish called "suckers" do while gasping for air. However, this has the support of only a single observer.—Ed.]

The Obstetric Fee.

Editor MEDICAL WORLD:—I began to practise in 1890. At that time the obstetrical fee was \$10.00. A physician living three miles away offered to attend obstetrical cases in my neighborhood at \$7.00. I held to the former fee till forced down to this ridiculously low fee. Now the \$7.00 man has met another physician four miles distant in again reducing the fee to \$5.00. Now what shall I do? Will I hold up the price and be pusht out, or will I knock the bottom out of the whole deviltry by doing obstetrical work at the price of regular visits? THE WORLD is a welcome visitor.

J. W. SHENNEWELL, M.D.

Bumpus Mills, Tenn.

[You made your first mistake when you met the reduction in fees. Do not make another along the same lines. Neither of your competitors can do honest obstetrical work at the fees named for any length of time. In time they will be forced to neglect calls or will wish to raise the fees.

You may lose some cases but in the end you will come out triumphant. Do your obstetrical work conscientiously and well, and charge the proper fee.—Ed.]

Chronic Constipation.

Editor MEDICAL WORLD:—A male aged twenty-five years has been troubled with constipation for twenty years. He has attacks of ulceration of the bowels which come on two or three times a year and last one to three days. In such attacks his temperature is about $102\frac{1}{2}$, pulse feeble, tongue heavily coated, and has marked nausea. He complains of a tearing or grinding sensation about the umbilicus, which requires morphin hypodermically to bring relief. He is a merchant, and has good health between attacks. He has been treated by other physicians without benefit, hence I ask for diagnosis.

Millican, Tenn. A SUBSCRIBER.

[You have not "ulceration of the bowels" in this case, but probably intestinal colic due to gaseous fermentation resulting from constipation. Treat the constipation.—Ed.]

Editor MEDICAL WORLD:—On page 161 of April WORLD you recommend "Inquirer" to make the vagina steril with a wash of creolin, five drams to the pint. I have had my patients complain bitterly if I used a stronger solution than one dram to the pint of boiled water. Do you really use a 1 to 20 solution?

Cortland, N. Y. F. W. HIGGINS.

[This was an error in proof-reading; it should read "five drams to the quart." We frequently use this strength after labor, even after the soft parts are lacerated. In most cases, the cause of complaint is not from irritation in vagina or wounds; but from the fluid flowing over the anus. Protect the anus by a firmly prest pledget of cotton and you will find you can use much stronger solutions. The severity of such injection is hardly a condemnation, if the pain does not persist. Usually five minutes, or less, will see it subside. We use the five dram solution frequently in lacerations of the perineum, and have yet to see a case refuse to heal kindly under the soothing qualities of that "awful solution." If an abraded and lacerated surface is not painful after five minutes, when a five dram solution has been applied, we would take the com-

plaints of office patients with considerable salt. We have the authority of Professor Barton Cooke Hirst, of the University of Pennsylvania, as to the strength of solution in puerperal cases. We sometimes use it in lesser strengths, because of the wild wailings of wilful patients, but we believe the five dram solution none too strong. It is extremely painful for a short time, but the suffering is evanescent, and the results so far exceed those following the employment of any other agent, and the danger of systemic poisoning is completely nullified; so that we tie to and commend creolin above any other powerful antiseptic in obstetrics and gynecology.—Ed.]

Editor MEDICAL WORLD:—Would you kindly publish an article on the test of breast milk as related to its butter fat, purity, and fitness for the child? I have been unable to find anything on the subject. THE WORLD is the best journal I take. G. T. VAN VOORHEES, M.D.

Kernville, California.

[As regarding the fitness of breast milk for an individual child, no office chemical analysis is worthy of consideration; the milk may often register up to every standard chemical and physiological test, and yet kill the infant. A case of tuberculous infection, in which the bacillus was demonstrated, and which was believed to be due to infection by means of the mother's milk, is reported in Gould's Year Book of Medicine for 1901, pages 76, and 342. Tests for formaldehyd, borax and boric acid, salicylic acid, and sodium bicarbonate were given by Dr. J. M. Whitfield in Medical Register, September, 1899; any of these drugs unfits the milk. The percentage of cream may be roughly estimated by allowing the milk to stand in a test tube, or by the use of the centrifuge. The matter of accurate analysis of human milk is a procedure which can only be carried out accurately in a well equipped laboratory. The best general practitioner's test of "breast milk as related to its butter fat, purity, and fitness for the child," is the way in which the child acts. There are few mothers who cannot suckle their babes if they attend to their own bodily functions; the bowels, skin, and kidneys must be kept acting freely. A judicious amount of exercise must be taken. Proper food is an essential. Regular nursing of the infant at proper

intervals is important. If the infant's bowels are kept in proper condition, the chances are that in almost every case the mother's milk will agree well. It is well to weigh the infant regularly in case it does not do well; if its weight increases steadily, no matter how slowly, stick to the breast milk. We are sorry, Doctor, that we can not give you specific tests for office use; but there are none known of sufficient accuracy to prove of any practical value. Study the habits, food, and health of the mother, and see that the proper hygiene is observed for the infant. —Ed.]

Stomatitis Materna.

Editor MEDICAL WORLD :—As I am now a member of THE WORLD family, I will trouble you and other brothers with a question, respectfully asking advice from all, and especially from the Editor.

I want a line of treatment suggested for a case of stomatitis materna, or "nurse's sore mouth," which has so far baffled all efforts to relieve. It is of about eight months duration; came on during the last five months of pregnancy, and has continued with varying intensity since. The child is now about three months of age. Tongue is highly inflamed, and intensely red, with sensitiv papillæ, enlarged and elevated. Bowels and stomach are deranged. Discharges from bowels amount to a diarrhea, and are of a serous nature. Fermentation of feces is also a marked feature.

Patient has been treated with tonics, iron, quinin, etc.; and also the remedies usually employed in stomatitis: potassa chloras, hydrastin, berberis, and various digestivs, without any satisfactory result. Child has been weaned.

I want the Editor's advice as to treatment. Also please give symptoms, cause, etc. of such affection.

I cannot say enuf in praise of THE WORLD, as I consider it the most practical, instructiv, and useful publication of the kind extant. It certainly fills the needs of the general practitioner admirably.

Carter, Tenn. R. J. FERGUSON.

[This affection is reflex. Correct the source from which the disturbance is reflected. In the above case, address the alimentary tract. Intestinal antiseptics are indicated; as the sulfocarbolates. Consult standard works on practise for clinical history, etc. Perhaps some of our

older readers will discuss this subject, particularly as to treatment.—Ed.]

Chronic Follicular Tonsillitis.

Editor MEDICAL WORLD :—I have a case which worries me very much, and does not submit readily to treatment. If any brother could help me, it would be gratefully received. H., age 20 years, well-nourisht, fleshy, fair, complains of nothing except her throat. From her father's people she inherits tuberculosis. Both parents living; father's health poor; one sister died of consumption, aged 17 years; the remainder of the family in good health, one aunt died of cancer. Saw the case about eight months ago. Found the tonsils somewhat enlarged; one with a clean, circular cavity extending thru the organ about the size of a leadpencil. Two crusty yellowish spots on opposit side, one on tonsil the other one-half inch above. Deep seated and diffused redness. No cough; no lung trouble. Heart normal. Temperature normal. Patient said she had raised hard, yellowish, cheesy, bad-smelling substances from her throat. Advised a specialist to amputate tonsils and direct in her case. About two months ago she came back to me after doing as directed, and also trying several other M.D.'s. The tonsils are amputated, but the deposits continue to come up, and repair does not go on satisfactorily. Treatment at present is listerine and peroxid of hydrogen spray (with atomizer), ioidid of potassium and comp. syr. of sarsaparilla internally. What more can be done? I think of cauterizing with silver nitrate.

NEW BRUNSWICK.

[“The hard, cheesy, yellowish, foul-smelling substances which she expectorates are tonsillar secretions; and the fact that they continue proves that diseased glandular tissue remains. Your treatment is good; and we would only suggest that the peroxid of hydrogen be applied directly to the site of the tonsils by means of a camel's hair throat brush, as by this method the drug only reaches the diseased area and does not leave so unpleasant a taste in the mouth. Search the stump of the tonsils carefully and you will find small openings from which the secretions come. A long, fine probe is the best searcher. When an opening is found, pick out all the secretion possible, swab with the peroxid, and cauterize with nitrate of silver. It is very

difficult and tedious to get such a small amount of cotton on the probe as is required to thoroly swab and cauterize these small openings; but it is the only satisfactory method of treatment. Cauterization of the tonsillar surface would be worse than useless; it would probably seal the openings into the gland so that serious abscess or phlegmon might easily follow. The tonsils often seem to act as a sieve for inspired germs, and are prone to easy infection. She has chronic follicular tonsillitis. We do not believe enuf glandular structure has been removed; but you can hold and cure the case as well as any specialist.—Ed.]

Sterility.

Editor MEDICAL WORLD:—I have a married couple who are very anxious to have children. Married two years. Both healthy, and neither have ever had any sexual disease. The sexual organs of both are normal, and the sexual act is entirely complete and orgasms are simultaneous. Menstruation is regular and normal. The cervix was dilated with tents. Wool tampons have been used after coitus, as the semen had a tendency to flow from the vagina. This plan of treatment brought no results. Can you give me a cure for this sterility? Will the family also suggest any efficient treatment?

Quincy, Ill.

STERILITY.

[Since the cervix is patulous, pregnancy should occur. Attempt to get more tone in the vaginal mucous and muscular tissues by astringents. One of the most convenient is:

Zinc sulfate	of each	3½ gr.
Sodium sulfate		
Sodium borate		4 gr.
Boric acid		½ gr.

Make up into a lozenge or into a suppository. Pass one up to uterus every second or third night. This will constringe the vagina so that it may retain the semen. In such cases, success has been attained by coitus "modo brutorum." Try having the couple abstain from connection for two or three months, and then indulge immediately following a period of menstrual flow. All else failing, examine the semen of the husband to see if his spermatozoa are mobile. Write us again; we think some of these methods will be successful, if the husband be virile.—Ed.]

Injection for Hydrocele.

Editor MEDICAL WORLD:—Will you please give in your next number of THE WORLD a formula for fluid to inject for the cure of hydrocele? A SUBSCRIBER.

Sligo, Pa.

[There have been a number of formulas used, and they all have their champions. The leading formulas are the iodine and the carbolic acid solutions, the iodine being perhaps most frequently used. After draining off the fluid, leave the canula in position and inject thru it into the sac, from one to four drams of undiluted official tincture of iodine; plug the canula, and manipulate it so that the iodine will reach every part of the sac, then remove the plug and drain out the iodine. After removal of the canula, seal the wound with collodion, and keep the patient in bed. Reaction comes on in about two to four hours, and the scrotum swells to about its size before removal of the fluid. Fever is common. Support the scrotum, and relieve the pain with morphin; but do not use cooling lotions on scrotum lest the desired reaction be checked too soon. Patient is usually up in a week, and the swelling gradually disappears.

Levis, of Philadelphia, drains the cavity, and without removing the canula, injects thru it with a long nozzle syringe 10 to 20 minims of a 95 per cent. solution of carbolic acid. The acid should not be liquefied by water or heat, but is dissolved in as little glycerin as will take it up. The subsequent treatment is the same as that of the iodine, if the reaction be pronounced; but many patients go about immediately after the injection. It may be repeated as required. No fear need be felt of carbolic acid poisoning, unless excessive quantities be used.

It is a good idea for the patient to wear a supporter for a considerable time after recovery.—Ed.]

Pink Eye, or Spring Catarrhal Conjunctivitis.

Wright, in his recent Text-book on Ophthalmology, says: "There is a form of conjunctivitis which, if not chronic, is not altogether acute. It is known by many authors as spring catarrhal conjunctivitis or pink eye. The affection is characterized in the beginning by a serous discharge, congested conjunctiva, pain as of dust or other irritating substance in the eye, and the matting of lids during sleep. The inflammation increases rapidly, the

discharge becomes muco-purulent, and there is swelling of the conjunctiva almost to chemosis. Following, there is often severe photophobia and blepharospasm. If the affection is not promptly treated it will merge into a well developed case of granular conjunctivitis. Like all inflammatory conditions of this character, it is infectious, and great care must be exercised to prevent its being communicated to others. The cause of this affection is obscure, but it is probably due to a very fine vegetable fiber or dust which is found upon the surface of new leaves and upon certain fruits in the spring of the year.

"This affection, like all others, must be treated upon general principles. The eyes should be thoroly cleansed of all mucus, and if the lids are matted together with mucus, they should be cleansed with some mild alkaline solution like ten grains of soda bicarbonate in an ounce of distilled water, after which they should be flushed with a five grain solution of boric acid. The alkaline solution should be applied to the edges of the lids by a small pledget of cotton. If there is much conjunctival inflammation, fomentations of very warm water should be applied to the eyes often, and the patient should be confined in a dark room until the active stage has subsided. During this time, and from the very beginning of the affection, a few drops of the following may be instilled into the eyes every six hours during the day :

Chlorid of zinc.....	grain $\frac{1}{2}$
Iodid of zinc.....	grains 3
Distilled water	ounce 1

Upon retiring at night, the edges of the lids should be anointed with white vaselin."

[The inquirers regarding "pink-eye" will please consider this an answer to their communications. The general practitioner pays too little attention to eye affections; he either treats them carelessly and unscientifically, and thereby loses patients and fails to get good results; or he has read enough to be "stage struck" when a case presents itself. If any organ should be the proper field of the general practitioner, it should be the eye in all ordinary cases.—Ed.]

As an after-thought, let me congratulate you, Mr. Editor, on your very logical and advanced thoughts on public questions of the day as given in your "Monthly Talks." Many of us may have at first sight thought them out of place. For my part, I believe they fill a place and supply a want of incalculable benefit to your thinking readers.—G. Schmidt, M. D., Milwaukee, Wis.

What the Cause of the Pain?

Editor MEDICAL WORLD:—Mrs. S., aged twenty-two; blue eyes; black hair; weight 135; height, five feet two inches; married December 20, 1900; menses normal, one week before marriage; three weeks later was suddenly attacked with what I diagnosed as cramp colic. Gave her ten grains calomel and one-fourth grain of morphin, which relieved promptly. Summoned again a few days later, I found her with intense paroxysmal pain at the pit of the stomach; temperature normal; pulse full and strong; intense nausea and vomiting; the bowels and kidneys had acted normally during the day; the paroxysms of pain in stomach would gradually subside and appear in the sacral region. Careful examination revealed nothing abnormal. I gave her one-fourth grain morphin hypodermically, and ordered powders of three grains calomel and one-eighth grain ipecac every two hours, followed by epsom salts afterwards. In an hour she slept; but I was again called at midnight, and found all the symptoms aggravated. I repeated the morphin, and began chloroform inhalation, when she at once ceased breathing. I gave whiskey and strychnin hypodermically and began artificial respiration; in five minutes she breathed again. For twelve hours whenever the pain left the stomach and appeared in the sacral region, she would cease breathing and could only be revived by inverting the body and practicing artificial respiration. We had hot water bottles to feet, back, and stomach. Gave internally whiskey, strychnin, and gelsemium, every two hours. The paroxysms gradually grew less, and finally disappeared in twenty-four hours. Will you kindly diagnose the case, and criticise the treatment?

JOHN B. LUCAS, M.D.

Ochlochnte, Georgia.

[When you first saw her you had undoubted stomachic cramp, possibly due to constipation or indigestion. Her second attack may have been due to cramp colic, gallstones, or the passage of a renal calculus. Was she jaundiced after the attack? Did you search the stool? Did you examine the urin? Your treatment in the emergency could not have been improved upon; you "pulled her thru," and enough is said. Do you use atropin with your morphin hypodermic tablets? We do not like chloroform in such cases; it may mask the symptoms, but is not in any sense remed-

ial, and one needs to search for the primal cause. You got heart failure from its use. With the history given, we could not venture a positiv diagnosis, but we would say that the case will bear watching. Keep her on digestivs and laxativs; elixir pepsin compound with nitro muriatic acid, and sodium phosphate will be good. Regulate her diet, and interdict excessiv amounts of starch. If she has another attack, search both stool and urin carefully. Better omit the chloroform next time. Let us hear from case again.—Ed.]

Brain Trouble.—Dry Throat.—Skin Disease.

Editor MEDICAL WORLD:—I would like to have some suggestions from physicians experienced in brain diseases. A little girl at the age of two years had a severe case of bronchitis, but recovered with the exception of an impaired brain with symptoms as follows: She is now nine years old, very large for her age, well developed, grows very fast, can not learn to read or even learn her letters, remembers faces and names for a long time, and will remember punishment for years, and greatly fears she will be punisht again; will ask over and over: Will Edith be punisht? and each question must be answered: Edith will not be punisht. Her appetite is good, bowels regular, urin colorless, heart irregular, a few beats slow and regular, then very rapid, then intermits and again regular. Has no pain, except some times says she is sick here, placing her hand over her heart. She is very nervous, does not sleep before midnight; but then sleeps well until morning. When awake keeps hands moving almost constantly. Doctors, can she be improved? or is her case hopeless? Please suggest.

Dry throat case is a chronic one. For years she has suffered with rheumatism and neuralgia without permanent benefit. But the hard thing to benefit is that dry throat and also tongue. Tongue never coated but clean and red, deeply fissured; has headache almost constantly, bowels constipated, urin changeable.

Old lady age 56 had a severe eruption which for weeks resisted all treatment until I used powdered thyroids five times a day, combined with iron, quinin and strychnin. After a few days improvement began, and she is now almost completely cured, after three weeks' treatment.

F. M. SHIRK, M.D.

Lost Springs, Kas.

[The first case had more trouble than bronchitis, had her physician been alert enuf to have noted and recorded it. Give her strychnin and bromids, combined with asafetida. Absolutely forbid this "punishment;" your nine year old girl is but a nine-months' old baby in intellect, and can not appreciate or understand why pain should be inflicted upon her. Has Kansas any good schools for feeble minded children? If so, send her there. Such a transfer will be better for her, and a relief to you; she will improve, but will not likely ever recover entirely. While she remains under your care, you can only keep digestion good by acid and pepsin mixtures; see that bowels are regular, without undue purgation; and keep the nerves quiet, and the system supported by tonics.

You do not give enuf details on your third case to permit us to diagnose the case.—Ed.]

Enlarged Liver.

Editor MEDICAL WORLD:—Mrs. C., aged 50 years, fell into my hands a few months ago for treatment for enlarged liver. She told me that her liver became very large several years ago; she was treated for it and the trouble gradually disappeared, and has not troubled her since till about three months ago, when she came to me saying her "liver was growing again."

I made examination and found her liver very large—extending as low as one or two inches below the umbilicus, and could be easily graspt between my fingers and thumb, thru the relaxt abdominal wall. I made further examination of other organs and found organic heart trouble, which from all indications was in the right side of the heart. Heart's action very irregular and labored. Stomach in fairly good condition, considering the amount of crowding by the liver. Breathing very short. A small amount of swelling of feet and ankles occasionally. No pain about liver. Bowels constipated. Action of kidneys is good. Patient weak and anemic. My treatment in the case has been addrest mainly to the condition of the heart. I have used general tonics, and for the heart such things as digitalis, strophanthus, strychnin, etc. I have also kept patient part of the time on such things as muriatic acid, pepsin, etc.; also very small doses of mercury occasionally, and looking out for the condition of the

bowels and kidneys at all times. I used counterirritation over liver part of the time. ~~_____~~

Patient improved very much on the above treatment for the first two months, and liver was reduced in size to almost normal; but in the last few weeks liver has become very large again, and treatment so far seems to be of no avail.

I will be glad to have suggestions from THE WORLD readers in regard to diagnosis as to whether the whole trouble is due to the condition of the heart, or whether there is also real disease of the liver.

Please give suggestions as to treatment also. Much success to THE MEDICAL WORLD. I prize it more highly than any other medical journal that finds its way to my desk.

E. L. LAWRENCE, M.D.

Tindall, Va.

[Your patient has passiv hyperemia of the liver secondary to the heart affection. If she had suffered from cirrhosis, she would not have improved. In some cases the heart's pulsation is transmitted thru the liver in such manner as to give the sensation of actual pulsation. Your treatment was good. You might add to it by the external use of nitro-hydrochloric acid.

Hydrochloric acid	3 ounces
Nitric acid	2 ounces
Water	5 ounces

Mix.—Six ounces of the mixture are added to two gallons of water, and used as a bath.

This is the method commended by Sir Ranald Martin. Professor H. C. Wood prefers making a pad of cotton flannel or spongio-pilin of several layers, each about 8 by 10 inches. This pad is dipt in a solution of the acid varying from one to three drams to the pint of water; it is then wrung lightly and placed over the liver, covered with oiled silk, and bound in place by a bandage. Such an application produces a prickling sensation and at times profuse local perspiration. It is generally left in place thirty minutes to one hour; the many patients can wear it almost continuously. The method of Dr. Wood is generally preferable if the patient can be seen often, or if he may be trusted to follow directions. Keep up the supervision of the heart, but leave off the digitalis unless some special indication presents; the stropanthus and strychnin are better drugs in such conditions.—Ed]

Chronic Hepatic Congestion.

Editor MEDICAL WORLD:—I am one of your recent acquisitions, and I must say I am well pleased with THE MEDICAL WORLD and the manner in which it is conducted. Too many medical journals read like a yellow-back almanac. Too many editors seem to have the interest of some proprietary medicine concern at heart rather than the men whom they depend upon for subscriptions. Seems to me they must have some financial interest in the sale of such remedies, or they would not urge them so continuously and earnestly upon us. I know of one editor of a well known journal to whom I will venture to say you can not go with any array of symptoms, asking for help, but that he will fill the greater part of his prescription with certain proprietary medicines. In my early days of practise I tried many of them, only to find that they were no better than other remedies, and were put up for the express purpose of making some man rich.

"Excessive Venery in a Female." After reading the article with the above caption in the February WORLD, I pusht myself back in my chair, drew a long breath, pincht myself a time or two, ran my fingers thru my hair and exclaimed:—Holy Moses! Am I awake? Wonderful woman; cohabitating twice a day, yet reformed. Surely it must have been "excessive" before reformation; no wonder all pleasure was lost. To think of such excesses as practist by this woman is simply horrible. Better button-hole the labia majora and swing a padlock thereto, or give her Dr. Waugh's chlorine water mixture for bad breath.

"How to Get the Most out of Us" in the February WORLD is a timely article from the hand of the Editor. I never before realized that an editor desired that his journal should be so earnestly and carefully read; that each and every article should be well digested, even to the ads. That certainly is indicative of the great earnestness, time and labor that the Editor of THE MEDICAL WORLD puts forth in the work which is destined for the good of those to whom the journal may go. It is a pleasure as well as recreation to me to get my journals down and read each and every article therein. No, we are not practising for fun or health. I am quite sure I am not, for if I were to consult my own feeling many times I would sit in my

office instead of riding many miles in storm and darkness.

Then let us read, think and digest; and if we have an inspiration or something good to tell, let us write.

A Case for Diagnosis and Treatment.—A widow lady, aged 62, formerly a farmer's wife, six children. Husband died ten years ago of consumption; two children have died since of same disease; both were married. She has not been confined to her bed on account of sickness in the last twenty years until last fall, when she was taken down. Her family physician cared for her until within the last two months when I was called in to see her. Found her as follows:—Emaciated somewhat, eyes sunken, skin and conjunctivae icteroid, tongue clean, severe pain in right temple, dyspepsia, distressing cough, slight expectoration of frothy mucus. Cough sometimes provokes vomiting of a green and very bitter material. Right side in axillary line, very painful. Appetite fluctuating, constipated, stools lighter than normal. No abdominal pain. Feet, ankles, and legs swollen to knees. Skin of limbs bluish and veins distinctly seen. All the large joints are very painful and stiff at times. No inflammation. Pulse full and strong, running about 90 per minute. Slight elevation of temperature at times. Sharp bruit heard with each systole of heart; more distinctly heard at apex; second sound slightly accentuated. Carotid pulsation. Very nervous at times and extremely sensitive to pain. Melancholic. Urin normal in amount, no albumin.

At first I put her on apocynum and calomel, which soon reduced the swelling. Later I put her on

R

Acetanilid, ... gr. xxiv.

Caffein gr. xviii.

Ft. chart No. 6. Sig.—One powder every 4 hours.

Gave in connection:

R

Tr. nucis vom ʒj

Acidi hydrochl. dil. ʒi

Aquæ q. s. ad ʒiij

M. Sig.—One teaspoonful after each meal.

Bowels were kept open with suitable laxatives. Under this treatment she seemed to improve, but will relapse. Some days she feels well, gets up and goes to her meals or chair, pain and soreness all gone. Inside of twelve hours possibly, she will be apparently in a dying condition, pains of all sorts, vomiting

hard enuf to throw up her shoes if she had them on. Seems as tho the throttle has been thrown wide open with a full head of steam on, then better again, etc.

Now Mr. Editor if I have not already worried your *patients* and mine too, I would be pleased to have a suggestion from you and the brethren of the WORLD family. A diagnosis and treatment of this case will be thankfully received.

L. J. SPICKARD, M.D.

Russell, Ohio.

[You have drawn us a clinical picture of chronic hepatic congestion, which may be cirrhotic. We do not believe tubercular involvement exists, but we would examine the sputum. We would use nitromuriatic acid internally and externally—see reply to Dr. E. L. Lawrence, this issue, for details. The evident obstruction in the heart may be primary or secondary. Treat both hepatic and cardiac involvement, and constantly supervise the kidney action. Search again for albumin, and also for casts. Examine stool for gallstones. Keep her on laxatives, tonics, and digestants; and, above all, regulate her diet. Such a case may often have permanent benefit from judicious diet. In her presence be always cheerful and confident without being boisterous or silly. Make her sure you will cure her soon. If organic tissue destruction has progressed far enuf, she will die; if the trouble be entirely functional, as is possible, she will recover under medication, diet, suggestion, and hygiene. Your drugs were good, but we would add dietetics and hygiene. Secure control of your patient morally as well as therapeutically.]

Many proprietary medicines, prepared for physicians' use, are all right; but the proper place for presenting them to the attention of the profession is in the *advertising* pages—not in the reading pages, *a la* patent medicine almanacs.—Ed.]

Loss of Virility.

Dear WORLD:—I would be glad to know what some experienced members of the WORLD family would recommend in the case of a patient I have under treatment for lack of virility, which is puzzling me, and not improving under what I have recommended so far. The following are the symptoms or condition of my patient, whose age is thirty-eight, height five feet ten inches, weight 153 pounds; general

health quite good, habits regular, does not smoke at present, has smoked moderately at times, good worker, does not tire easily, appetite regular, sleep natural. Varicocele of left testicle and some redundancy of foreskin, but these are conditions that existed before his present trouble commenced, which appears to be loss of erectil power when attempting to cohabit, tho at other times there are occasional temporary erections, but no emissions at any time, no masturbation, no excessive coition or disease in the part. Desire normal; only one or two cohabitations during last year; other attempts failures. Wife's organs are small, and she has but little sexual desire; no children. Patient says when suggestion is made to him by a woman at times a nervous tremor follows that sometimes lasts quite a little while. Now what is best to do for him? I have used an aphrodisiac tonic (phosphorone, strychnin, etc.), in very moderate doses; also a vacuum tube for a while, tho the organ is natural size. The trouble appears to be loss of virility and erectil power at the right time; but why should the powers of a healthy man of good habits fail so early in life, with no seminal losses apparently? Should be very glad to hear from some of the "family" who have had experience in similar cases.

A. H. NOON, M.D.

Nogales, Arizona.

Editor MEDICAL WORLD:—Hoping that some of the WORLD readers will give me treatment, I submit the following case:

Mr. L., aged about thirty-five years; unmarried; engaged in stationery business. For past three or four years, *regularly* upon rising in the morning, has been attackt with violent sneezing, which continues for several minutes and greatly exhausts him. Sometimes has such an attack while in the barber's chair; *occasionally* has an attack at some other time of day, after which there is a copious watery discharge from eyes and nose. The different seasons seem to have no effect upon his case. General health is good; formation of throat, posterior nares, and nasal passages normal; mucous membrane slightly congested. Has been under treatment of other specialists without receiving any benefit; says they made a local application of cocain. Complains of nothing but the *sneezing*; and this he says, makes

life not worth the living. What will stop it?

I am, and have been for the past ten years an interested reader of your valuable journal. HENRY R. BELL, M.D.

San Francisco.

Editor MEDICAL WORLD:—I have a patient two years old, who has a scaly eczema, or some thing of the kind. Will give a slight description: Scaly all over, except a small space around privates; conjunctivae red and inflamed; lids somewhat everted. Cracks open in some places on body, and a dirty-looking fluid runs or oozes out at these fissures. Child has been this way ever since birth. I inquired if any of the relatives on either side had been afflicted similarly, and parents said not. I used the following ointment:

R

Mercurial ointment oz. j
Vaseline oz. iij
Comp. tr. iodine dr. j

M. Sig.—Wash with warm salt water and apply once a day and rub in thoroly.

Internally: Iron, quinin, and strychnin; ten drops after meals. Bowels kept moving with salts and gray powders.

I would be glad to have you give me diagnosis and treatment. Nothing I have done seems to do much good.

Guin, Ala. W. J. McCrary, M.D.

Editor MEDICAL WORLD:—I wish to ask a few questions on the subject of embryology. (1) Take a male with right testis healthy and perfect and the left either absent or incapacitated; what will be the offspring? (2) Take the condition of the two organs vice versa; what will be the offspring? We may take it for granted that an orchitic testis cannot yield fertile sperm. Take again analogous conditions in the woman; (3) right ovary; (4) left ovary; what about the offspring? I have recently read in medical journals several cases of pregnancy where only a remnant of one ovary was present. Animals with a single testis procreate, and the fact is well known; the opinion prevails among some observers that their offspring is specially strong. I have an impression that the right and left organs in both male and female are essentially different; but I cannot prove my theory without the induction process, and I believe that by a thoro canvass of the experiences of the

profession the problem can be made an o. e. d. one. JAS. DAVIS, M.D.

Mt. Clemens, Mich.

[See article by Dr. Waugh in this issue.—Ed.]

Current Medical Thought.

Chancroid and Chancre.

Sturgis and Cabot, in the seventh edition of their *Manual of Venereal Diseases* (published by P. Blackiston's Son & Co., 1901) say: "I wish the term 'mixed sore' could be abandoned, as it is confusing and does not convey a correct idea of the facts. It is really a double sore; there is no mixture whatever of nature, course, or virus; it is simply where inoculation of a chancroid and syphilis occur simultaneously in the same person. The two poisons being received at the same coitus, they operate differently as regards the time of their appearance. The chancroid appears first; remember it has no period of incubation, and runs its course and perhaps gets well before the initial lesion comes upon the stage. At a later period, usually varying from ten to twenty one days after the infecting coitus, the initial lesion appears, marked by its peculiar characteristics. It sometimes happens that the chancroid has not healed before the first symptom of syphilis is due. This, then, is what happens: the chancroid is surrounded with a ring of induration, the secretion becomes less copious, the floor fills up and appears redder and healthier, and the nearest chain of glands is indurated; the chancroid, in other words, has changed into an initial lesion. But throughout the whole performance there is no interchange of characteristics; the two lesions remain entirely distinct, and 'mixed chancre' is, to my mind, a misnomer. It is in these cases of double infection that you will be most likely to meet with a suppurating bubo, the pus of which is auto-inoculable, and which, unless you are forewarned, may lead you to believe that syphilis is attended by a suppurating, auto inoculable bubo. The bubo is chancroidal, similar to what we have already studied, has nothing to do with the syphilis, altho it is contemporaneous with the initial lesion, and will require the treatment appropriate to chancroidal buboes.

"As regards treatment, it is simple, and

so far as the local trouble is concerned, examination by the Illinois, May 3, effective in the majority of cases. cauterize an initial lesion unless attacked by phagedena. Dress dry, ointment. prefer iodoform, alone or combined with other drugs, thus:

Pulverized mild chlorid of mercury, . 1 dram.
Pulverized iodoform, ... 2 drams.

Calomel, alone, may sometimes be used with advantage, but calomel often acts as an irritant, and produces inflammation in a lesion which otherwise would remain bland and uninfamed."

Antipyrin Incompatibles.

Antipyrin may be decomposed when brought into contact with nitrous compounds, a new and poisonous compound being supposed to be formed, of uncertain composition, but resembling the anilin greens. The mixture of this drug with sweet spirit of nitre is therefore highly dangerous, if this supposed reaction is at all likely to occur. It is more or less decomposed or thrown out of solution by a large number of chemical compounds and other preparations, of which the following are the most important:

Dilute hydrocyanic acid,	Solution of the iodids of arsenic and mercury,
Tannic acid,	Mercuric chlorid,
Butyl-chloral hydrate,	Beta-naphthol,
Chloral hydrate,	Nitrites in solution (acid),
Decoction of cinchona,	Sodium bicarbonate,
Fluid extract of cinchona,	Sodium salicylate (solid),
Infusion of catechu (con.)	Tinctures of tannin, iron or quinin,
Sulfate of iron,	Infusion of rose or urva ursi.
Iron salts in solution,	
Tinct. hamamelis,	
Tinct. iodin,	

POTTER.

Sub-cutaneous Infusion of Normal Salt Solution.

Progressiv Medicin, for November (Lea Brothers & Co., Philadelphia), gives the following concise directions regarding sub-cutaneous salt water infusion: "The procedure is a very simple one. One should have a fountain syringe or any form of vessel to which is attached a rubber tube. To the end of the rubber tube is attached an ordinary aspirating needle of medium size. The whole should be sterilized by boiling, which can be done in a few moments. The vessel is filled with salt solution at a temperature of about 100° F. There seems to be no danger if the temperature is 102° or 103°. The skin through which the puncture is made should be carefully cleaned; alcohol, followed by bichlorid, 1 to 1,000, is, as a rule, sufficient. The introduction of the needle is seldom

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force the skin and, if possible, intermuscular injection is a preferable. The needle in the axilla of the breast on the axillary side of the area there are a circulation is good, and one can infuse rapidly, without pain and with no danger of bad after-effects. A second infusion can be made in the same place in four to six hours without harm; it is better, however, at the second infusion to use the opposite side. The buttocks, the outer lateral surface of the thigh, the lumbar region, the abdominal wall, and the muscle over the scapula have all been used. There is a distinct objection to the buttocks, especially for the infusion of any amount, as the fat in this region is not vascular, the circulation does not compare with that of the axilla, and pressure is frequently followed by gangrene. The same is true in the thigh infusion beneath the tense fascia lata. As Georgii emphatically says, not only the surgeon but every practitioner should have a transfusion apparatus in his armamentarium, and should familiarize himself with the simplicity of the method. The fountain syringe with the needle can be boiled in a few moments, or for emergency cases it may be kept steril wrapped in two towels. It takes but a few minutes to sterilize the skin; boiled water, to which the salt can be rapidly added, is generally of easy access, so that a subcutaneous infusion should be but a matter of five or ten minutes. As far as the surgeon, the gynecologist, and the obstetrician are concerned, I feel that it is almost criminal for any of them to be ever without a transfusion apparatus. In addition to the careful technic, the subcutaneous transfusion should be done, as a rule, slowly; say about 30 minutes for 500 c.c., and during this time gentle massage should be made of the infusion tumor to aid absorption. Normal salt solution seems to be the best fluid for infusion."

[Since Senn has proven that transfusion of blood is impracticable and never useful, the saline infusion is valuable. Any one can do it in a few moments. The normal salt solution is made by adding a dram of common table salt to a pint of boiled water. We have seen cases lost from hemorrhage

which saline infusion would have likely saved. Add a medium sized aspirating needle to your fountain syringe, which ought to be in every obstetrical kit, and your equipment for infusion is complete. While the sterilization of instrument and skin is preferable, we would not hesitate in an emergency, say after exhausting postpartum hemorrhage, to use boiled water and risk infection from instrument or skin.—Ed.]

State Boards of Medical Examiners.

In the following states and territories diplomas from colleges of medicine do not now confer the right to practise medicine, an examination being required in all cases: Alabama, Arizona, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indian Territory, Cherokee Nation, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oregon, Pennsylvania, South Carolina, Utah, Vermont, Virginia, Washington, West Virginia.

The following require the licensing examination only: Connecticut, Hawaii, Maine, Massachusetts, Mississippi, North Carolina (diploma after 1900), Oregon, Washington, West Virginia.

Secretaries of examining boards (or a member when secretary is not known) are given below:

Alabama: The authorized Boards of Medical Examiners are the Board of Censors of the State Medical Association, which is known as the State Board, and the Boards of Censors of the County Medical Societies holding charters from the State Medical Association. There are sixty-six of these county societies, and therefore sixty-six county boards of medical examiners.

Arizona: William L. Woodruff, Phoenix.

Connecticut: State Medical Society, Dr. Max Mailhouse, 151 Meadow street, New Haven; Homeopathic Society, Dr. E. H. Linnell, Norwich; Eclectic Association, Dr. G. H. Faber, 57 Center street, Waterbury.

Delaware: Regular, Dr. J. H. Wilson, Dover; homeopathic, Dr. C. M. Allmond, 913 Tatnall street.

District of Columbia: Dr. J. S. McLain, Nineteenth street, N. W.; homeopathic, Dr. J. B. G. Custis, 912 Fifteenth street, N. W.; eclectic, Dr. Thomas Robinson, 1204 G street, N. W.

Florida: First District Board, Dr. C. B. McKinnon, Pensacola; Second District, Dr. G. W. Lamar, Quincy; Third District, Dr. J. A. Townsend, Lake City; Fourth District, Dr. J. H. Durkee, Jacksonville; Fifth District, Dr. G. E. Welch, Palatka; Sixth District, Dr. L. W. Weedon, Tampa; Seventh District, Dr. R. L. Harris, Orlando. Homeopathic Board, Dr. C. W. Johnson, Jacksonville. Eclectic Board, Dr. W. J. Sears, Kissimmee.

Georgia: Regular, Dr. J. B. Holmes, Atlanta; homeopathic, Dr. R. E. Hinman, 153 Whitehall, Atlanta; eclectic, Dr. M. T. Salter, 68 S. Broad, Atlanta.

Idaho: Regular, Dr. R. L. Mourse, Hailey.
 Illinois: The State Board of Health conducts the examinations, Dr. J. A. Egan, of Springfield, being the secretary.

Indian Territory: The principal chief of the Cherokee and Choctaw Nations appoints boards of physicians to conduct examinations, while in the Creek Nation the payment of \$25 is said to be all that is required.

Iowa: Dr. J. F. Kennedy, State Capitol Building, Des Moines.

Louisiana: Regular, Dr. F. A. La Rue, 624 Gravier street, New Orleans; homeopathic, Dr. R. A. Bayley, 2628 Magazine street, New Orleans.

Maine: Dr. A. K. P. Meserve, 109 Emery street, Portland.

Maryland: Regular, Dr. J. McP. Scott, Hagerstown; homeopathic, Dr. T. E. Sears, president, Baltimore.

Massachusetts: Regular board consists of Dr. E. B. Harvey, Westboro; Dr. A. C. Walker, Greenfield; Dr. W. P. Bowers, Clinton. Homeopathic consists of Dr. N. R. Perkins, 57 Bowdoin (Dor.). Boston; S. H. Calderwood, 221 Warren (Rox.), Boston. Eclectic, Dr. Edwin B. Harvey, State House, Boston.

Minnesota: Dr. J. B. Brimhall, 7 Corners, St. Paul.

Mississippi: Dr. J. F. Hunter, Jackson, secretary of the State Board of Health.

Montana: Dr. W. C. Riddell, 118 Grand street, Helena.

New Hampshire: Dr. James T. Greeley, Masonic Temple, Nashua; homeopathic, Dr. Robert H. Hazeltin, Lebanon; eclectic, Dr. Francis L. Gerald, Belmont.

New Jersey: Dr. E. L. B. Godfrey, 100 Linden, Camden.

New York: State Medical Society, Dr. Maurice J. Lewi, 5-11 Broadway, New York City; homeopathic, Dr. J. Willis Candee, 501½ East Fayette street, Syracuse; eclectic, Dr. Arthur R. Tiel, Matteawan.

North Carolina: Dr. Thomas E. Anderson, Statesville.

North Dakota: Dr. H. M. Wheeler, Grand Forks.

Oregon: Dr. Byron E. Miller, Dekum Building, Portland.

Pennsylvania: Regular, Dr. William S. Foster, 252 Shady avenue, Pittsburg; homeopathic, Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia; eclectic, Dr. W. H. Blake, 2116 N. Marine street, Philadelphia.

South Carolina: Dr. S. C. Baker, Sumter.

Utah: Dr. John T. White, 28 S. State street, Salt Lake City.

Vermont: Regular, Dr. C. W. Strobell, Rutland; homeopathic, Dr. E. B. Whittaker, Barre; eclectic, Dr. P. L. Templeton, 37 Loomis, Montpelier.

Virginia: Dr. R. S. Martin, Stuart; homeopathic, Dr. E. C. Williams, 115 North Fifth street.

Washington: Dr. W. Grant Tucker, Port Townsend.

West Virginia: Dr. A. R. Barbee, Point Pleasant, secretary of the State Board of Health.
 —Merck's Archives.

Questions Used in the Examination by the Medical Examining Boards of Illinois, May 3, 1900.

PRACTICE.

1. Name the various forms of rhinitis and give treatment.
2. Give the morbid anatomy and physical signs of aortic stenosis, mitral incompetency, and outline the general management in both cases.
3. Describe the morbid anatomy of typhoid fever, give blood test and outline the general treatment.
4. Give the etiology and morbid anatomy of arteriosclerosis.
5. Write concerning the causes and prevention of pulmonary tuberculosis.
6. Give the causes and the treatment of obstinate hiccup.
7. Give the physical signs of chronic bronchial asthma and outline the general treatment.
8. Name the diseases with which gallstone colic may be confounded, and give the differential diagnosis.
9. Give the differential diagnosis between leukemia and pseudoleukemia.
10. Name the various forms of cancer of the liver, and give symptoms and physical signs.

CHEMISTRY.

1. What is gravitation?
2. What is compound radical?
3. How many compounds of hydrogen with oxygen are there? Name them.
4. What are the chemical properties of oxygen?
5. What is the composition of sulphuric acid?
6. What compound does hydrogen form with fluorine?
7. What is H_2PO_4 ? What is H_3PO_4 ?
8. Give formula for grape-sugar.
9. What is nitrogen monoxid? How is it prepared?
10. What is meant by the term chemical equivalents? Give example.

HYGIENE.

1. What deleterious gases accumulate in imperfectly ventilated sleeping-rooms?
2. What is the difference between disinfectants and germicides, and how do they severally act in preventing the spread of contagious and infectious materials?
3. What conditions are essential to a good water supply?
4. What effect have ground air and ground water on health?
5. Mention three satisfactory disinfectants and give indications for their use.
6. What is the relation of defective plumbing and imperfect drainage to diphtheria? To typhoid fever?
7. What preventiv measures should be adopted in typhoid fever?
8. What restrictiv measures should be adopted in an outbreak of small-pox?
9. Describe your method of disinfection following a case of small-pox.
10. After attending a case of smallpox, what precautions would you take to prevent carrying the disease to your family, friends and patients?

GYNECOLOGY.

1. Describe the vulvo-vaginal glands.
2. What is the blood supply of the pelvic organs?
3. What are the causes of downward displacements of the uterus?
4. What is the treatment for acute vaginitis caused by gonorrheal infection?
5. What is the organ most frequently first affected by tuberculosis of the pelvis?
6. How would you examine a patient that you supposed to be suffering from a disease of the pelvic organs?
7. What is the treatment for amenorrhea?
8. What are the symptoms of carcinoma of the uterus?
9. What is the treatment for cystitis?
10. What are the symptoms of extra-uterin gestation?

MATERIA MEDICA AND THERAPEUTICS.

1. Name the official alkaloids and preparations of cinchona.
2. Name the therapeutical action of potassium iodid and the preparations of iodism.
3. Describe the therapeutical and physiological action of argent nitricum and give the dose.
4. Give the composition of paregoric and the dose for a child one year old.
5. Describe the therapeutiv value of acidum ars. and name the chemical antidotes.
6. Describe the physiological and therapeutical action of calomel, and how to prevent hydrargyrisim.
7. What would you do in a case of atropin poisoning?
8. Describe the action and uses of zinc sulphuricum.
9. What is apomorphin?
10. Write a prescription for a case of epistaxis and outline the general treatment.

SURGERY.

1. What is hydrocele and how should it be treated?
2. Describe hip-joint amputation, and give the prognosis.
3. Name the different kinds of wounds.
4. How would you diagnose fracture of the skull?
5. Give treatment of phagedenic ulcers.
6. What is shock? What its causes? What its treatment?
7. Give differential diagnosis between a dislocation of the hip-joint and a fracture of the neck of the femur.
8. Describe the various steps in an aseptic removal of a cancerous breast.
9. What is empyema? Give treatment.
10. Name the chief varieties of cancer.

OBSTETRICS.

1. Give the treatment of edema of the vulva.
2. What is retroflexion? What are the results of retroflexion in pregnancy?
3. What are the consequences of incarceration of the womb in pregnancy if left to nature?
4. What is inevitable abortion? Give treatment.
5. How would you treat extra-uterine pregnancy by electricity, and how long should you continue the treatment?
6. Give definition of eclampsia. Give treatment.
7. What are the causes of secondary postpartum hemorrhage? Give treatment.
8. How would you proceed to apply the forceps if the head had become separated from the body?
9. What is embryotomy?
10. What is decapitation? When indicated? How performed?

MEDICAL JURISPRUDENCE.

1. Define mania, giving its prognosis and, briefly, its treatment.
2. Define infanticide.
3. Give definition of melancholia.
4. Wherein does lunacy differ from idiocy?
5. What is paranoia, and how would you treat it?
6. What do you understand by the term civil malpractice?
7. What by criminal malpractice?
8. Under what conditions might the medical attendant be justified in producing abortion?
9. Discuss superfetation.
10. Discuss the evidences of live birth, subsequent to respiration.

ANATOMY.

1. How many cervical vertebrae are there? Dorsal? Lumbar?
2. Name the four principal parts of the brain, and their relative position in the cranium and to each other.
3. Name the three divisions of the innominate bone.
 1. Give the origin and insertion of pronator radii teres.
 2. Give origin and insertion of the serratus.
4. Thru what opening does the auditory nerve enter the temporal bone?
5. From the lower border of what muscle does the posterior tibial artery begin? Where and into what arteries does it divide? What veins and nerves accompany it?
6. What veins compose the portal system or vena portae? And from where do they return the blood?
7. What is the great omentum?
8. Locate the thyroid gland.

PHYSIOLOGY.

1. From what layer or layers of the blastoderm is the liver developed?
2. Describe the phenomena of the coagulation of the blood.
3. What nerves control the action of the heart?
4. Describe the difference in the function of an afferent nerve and an efferent nerve.
5. What is the function of the lymphatic system?
6. Describe the mechanism of respiration and state on what the movement of the lungs depends.
7. Describe the systemic circulation of the blood. The pulmonary circulation.
8. Describe the changes that take place in the blood during its passage thru the capillaries of the lungs.
9. What is the function of the cerebellum?
10. Name the different secretions found in the alimentary canal, beginning at the mouth.

BACTERIOLOGY AND PATHOLOGY.

1. Describe the mechanism of infective processes.
2. How would you diagnose a case of typhoid fever from tuberculosis of the intestinal tract by bacteriological methods?
3. How would you determine by bacteriological methods if a specimen of drinking water was pure?
4. Describe the bacillus anthracis.
5. What is a parasite? What is a saprophyte?
6. What is the morbid anatomy of progressive muscular atrophy?
7. Give a brief outline of the process of inflammation.
8. What is amyloid degeneration?
9. What are the blood changes in leukemia?
10. What is cicatrization?

How Hoosiers Die.

The Indiana Board of Health has issued a bulletin, in which is given the total deaths and causes of death for the past year in the State. There were 35,453 deaths, tuberculosis having the highest number with 4,601. Pneumonia followed with 2,655, cholera infantum 2,049, and typhoid fever had 1,320 deaths marked up against it, cancer claimed 1,110 victims, Bright's disease 1,137, and old age 1,005. There were 196 suicides, poison being the favorite method of ending life. There were 251 deaths from railroad accidents, 165 by burns, 122 accidentally shot, 135 accidental drownings, 11 by sunstroke and 4 by freezing. Paralysis claimed 1,109 victims, while apoplexy claimed 1,056.

It would be interesting to compare the above figures with reports from other States.

A Fluid Headache Mixture.

J. S., Indiana, objects to the usual headache powders and tablets because of the fact that patients soon learn their composition and acquire the habit of self prescribing. He asks the formula of a good liquid combination. While we cannot recommend the routine administration of the coal tar drugs in any form, we recognize the fact that they are of undoubted value in many cases. The following from the formulary of the Philadelphia Hospital should prove satisfactory:

Acetanilid.....gr. 2½
Spt. ammon. arom.....m. 15
Tr. cardamon comp.....m. 15
Alcohol.....m. 15
Elixir orange, ad.....dr. 1

M. Sig.—One teaspoonful as a dose.—Med. Standard.

The Modern Doctor's Education.

When he was twenty-five years old our doctor graduated, and men of commonplace ideas pronounced him educated; but he took three years of travel to learn the new pathology, to study skin in old Vienna and Koch's bacteriology. Then came a hard post-graduate course which took him three years longer:

Then tho his health was very poor, his intellect was stronger. His physical condition now approached emaciation. His fraters ordered two years' rest for his recuperation.

Then polyclinics, it took three years their mysteries to unravel, and then to study foreign modes, three more long years for travel.

When he returned his big mustache with long gray hairs was threaded, He'd lost his eyesight long before, and now was quite bald-headed.

When he was thirty-nine years old our intellectual giant Hung out his little shingle, and then waited for a client. The girl he loved in former days had long since wed another. And had grown a portly matron and an excellent grand-mother.

The boys he knew in grammar school seemed ancient as progenitors, And one was governor of the state and two of them were senators.

But seated in his office, in retired sequestration, He waited long for patients with their tales of inflammation.

One day when he was forty-five, came in his earliest client, John tried to be as quiet as the poetry of Bryant; But the shock it came so sudden, with such overwhelming power,

That he fell with apoplexy, and died within an hour.
—Western Medical Reporter.

Differential Diagnosis between Papulo-Squamous Syphiloderm and Psoriasis.

PAPULO-SQUAMOUS SYPHILODERM.	PSORIASIS.
History of syphilis.	History, perhaps, of previous outbreaks.
Concomitant signs present.	No associated signs.
Favorit seats, palms and soles.	Favorit seats, knees and elbows.
Itching usually absent.	Itching present.
Multiformity of lesions; uniformity in size.	Uniformity of lesions; great variation in size.
Scales scanty and dirty greyish.	Scales abundant, lamellar, and silvery.
Beneath scales, infiltrated, dull red papules.	Beneath the scales, flat, red-dish patches.

—Schamberg; Diseases of the Skin. 1900.

Gasoline as a Skin Cleanser.

Dr. Goldis, of Toronto, Canada, has been experimenting with gasoline as a disinfectant for the skin. Unsterilized skin, from a scraped area of two inches square, gave 173 colonies of germs; after soap and water scrubbing for five minutes, same area of same skin gave 20 colonies; after two minutes scrubbing with gasoline, same area of same skin gave 16 colonies. Gasoline poured over the skin, without rubbing, yielded but 84 colonies; after repeated scrubbing but seven colonies were obtainable. The examination of the skin under the microscope after soap and water scrubbing, and after gasoline scrubbing, showed that the gasoline cleansed much more perfectly all the hair follicles, sebaceous glands and sweat ducts. These investigations show that gasoline is an efficient rival of alcohol in disinfection of the surgeon's hands. Both dissolve the fatty matter which serve as a nidus for the germs; but the gasoline is much the cheaper, and may be obtained at any village. A good scrubbing with gasoline, followed by a good scrubbing with soap and water, will make the doctor's hands safe for surgery or obstetrics. It is well to keep the nails well trimmed, and to use a hand brush, and to pay special attention to scrubbing the nails.

Formaldehyde Declared Poisonous.

The manufacturers of this article have strenuously insisted that it was absolutely non-toxic. They admitted the evident fact that it was very irritating to mucous membranes, but have always insisted that there could be no more grave results than

discomfort and irritation. All the later authoritative medical authors have also taken this ground, some going so far as to recommend its use in food preservation.

The studies of Martin Fischer, reported in the Journal Boston Society of Medical Sciences, 1900, indicate that the agent is actively poisonous. Since text books and journal articles have unanimously denied any degree of toxicity connected with the agent, and since it has thus quickly won favor in the eyes of physicians all over the world, a word of warning is necessary. If Fischer's experiments have brought him to true conclusions, immediate publicity should be given the entire matter. If he is in error, the manufacturers should meet his statements with absolute proof. The general practitioner does not have the time to test for himself the truth of all that is told him. Under the stress of circumstances he is compelled to assume that the statements of authorities are true and reliable. If everybody else is wrong, and Fischer is right, the profession cannot learn the truth too soon.

Fischer states that "inhalation of formaldehyde produces a marked inflammation of the respiratory tract." Injections into the stomach produce a variety of symptoms, and even sudden death. Apparently the intensity of the symptoms and the degree of histologic disturbances bear no direct relation to strength or quantity of formalin introduced. Intense congestion, extensive necrosis and inflammatory reaction occur. Intra-peritoneal injections produce a fibrilo-hemorrhagic peritonitis of varying intensity, according to the strength of the solution. Subcutaneously injected, formalin produces a marked exudation and leucocytic infiltration. The eye is especially sensitive to the action of formalin. A single drop of concentrated formalin may injure the eye permanently, due largely to an intense edema of the eyelids. Various degenerative changes and focal necrosis are seen in the liver and kidneys, no matter where formalin is introduced into the body. Deleterious chemical action causes the changes seen in the organs distant from the point of injection.—Editorial, J. A. M. A.

The popular idea regarding its absolute safety has led to rather careless and indiscriminate prescribing and use, not only among the profession, but by druggists, undertakers and laity. It can, at least, do no harm to be careful. It has not yet

been proven of any value for internal medication. The intensely irritating effect of the vapor upon the lachrymal, nasal and bronchial mucous membranes would suggest the inadvisability of employing it internally. There is no danger in its vaporization, since it is impossible for one to remain in the fumes if any quantity is being used; but there is possibly grave danger in its internal administration in any quantity.—Ed M. W.

What to Do and What Not to Do in Cholelithiasis.

Professor Kehr, in his Gall Stone Disease (Publisht by Blackiston's Son & Co., 1901), says: "I agree with Naunyn, that, in chronic recurrent cholelithiasis, it is well to precede operation by the 'Carlsbad Cure.' I have no objection if after having tried this, he swallows olive oil in quantities; has the gall bladder electrized; massage, however, must be avoided under all circumstances. To knead and pound an inflamed organ is a sin which I forgive in an uneducated quack, but never in a scientific physician. If physicians imagin that by their skill in massage, they can push the stone forward into the chole-dochus, then they can have no inkling of the pathological anatomy of cholelithiasis. Puncture and expression of the gall bladder is a procedure to be totally discarded. Even the most brilliant operative results, unclouded by a death, will not be able to banish chronic recurring cholelithiasis from the world; patients will again always first make a pilgrimage to Carlsbad. I realize also that all the pains of the surgeons to prove the uselessness of the Carlsbad water in such cases are for this reason futile, because mankind has a horror of chloroform and the knife. The dangers of an expectant treatment are greater than an operative treatment."

A New Defence in a Breach of Promise Suit.

In the Supreme Court of Missouri, in the case of Trammel vs. Vaughn, the defendant made the plea that he was entitled to the privilege to annul the marriage contract because of his having contracted a "loathsome and contagious venereal disease," without his being at fault, between the time of the contract and the time set for the ceremony.

The court held that it is legally and morally wrong for a man while infected

with such a disease to marry; and that a man, for such cause, is entitled to demand a postponement of the marriage until he is cured. The idea that the ceremony should be performed and the consummation of the marriage postponed until he is cured is not only intolerable but also obnoxious to proper subservience of the public interests and morals. The state was held to be a third party to all marriage contracts, and to have the right to demand that neither party be suffering from any venereal disease which would jeopardize the health of either contracting party or their prospective offspring. To wilfully communicate a venereal disease was held to be cruelty and a ground for divorce, whether so stated in the statutory causes for action for divorce or not. It was also volunteered that intercourse with a woman, tho she was willing thereto, by a man suffering from a venereal disease would constitute the act a common assault, for the fraud would vitiate the consent.

If the legislature of Missouri were as alive and up to date as their Supreme Court seems to be, one might hope to see them pass a marriage bill forbidding the marriage of syphilitic, gonorrhoeal, idiotic, consumptive, epileptic and dipsomaniac parties. Perhaps the clear and lucid finding of the court may bear fruit. We should like to see it so.

Injection for Fecal Impaction.

One of the best injections in cases of fecal impaction, or where indicated after labor, is composed of:

Castor oil 1 ounce

Castile soapsuds at a temperature of

100° F. 1 quart

Mix thoroly and add a dram of spirit of turpentine, beat up with the yolk of one raw egg and inject at once.

This is non-irritating and promptly efficient. The syringe should be well cleansed after use, as the oil will destroy the rubber if allowed to remain in contact with it.

Book Reviews.

Retinoscopy, or the Shadow Test in the Determination of Refraction at One Meter Distance, With The Plane Mirror. By James Thorington, A.M., M.D., Professor of the Diseases of the Eye in the Philadelphia Polyclinic, etc. Fourth edition: revised and enlarged. Fifty-one illustrations, twelve of which are colored. Publisht by P. Blackiston's Son & Co., Philadelphia, Pa., 1012 Walnut street, 1901. Price \$1.00 net.

The book continues to find favor in the eyes

of the profession of the world; translations are being made into French and German. Eight new illustrations have been inserted, a number of new paragraphs added, and all thru the book one may find new touches. No other little book so completely makes plain this method. This edition has eighty six pages and an index. Every physician interested in eye work needs it.—A. L. R.

The Students' Manual of Venereal Diseases. By F. R. Sturgis, M.D., Some time Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc., and Follen Cabot, M.D., Instructor in Genito-Urinary and Venereal Diseases in Cornell University, Genito-Urinary Surgeon to Bellevue Hospital, Visiting Dermatologist to New York City (charity) Hospital, Lecturer on Venereal Diseases in the University of Vermont. Seventh edition, revised and partly rewritten. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa., 1901. Price \$1.25.

Two hundred and fifty pages and an index. The parts on chancroid and syphilis have been revised by Dr. Sturgis, and the chapters on gonorrhea by Dr. Cabot. Everything is up to date. The fame and success attained by former editions will not be diminished by this one. Every general practitioner needs a small work on this subject. Many fail to obtain a book thru fear that only the larger works are thoro and complete. We can say that any capable physician can successfully conduct the gravest venereal case with the aid of this book. We have seldom seen a little book that we could commend so unreservedly. Every doctor who has not a late and large treatise on venereal troubles should purchase this work.—A. L. R.

Manual of the Diseases of Children. By John Madison Taylor, A.M., M.D., Professor of Diseases of Children, Philadelphia Polyclinic; Assistant Physician to the Children's Hospital and to the Orthopedic Hospital; Neurologist to the Howard Hospital; Consulting Physician to the Elwyn and Vineland Training Schools for Feeble Minded Children, etc., and Wm. H. Wells, M.D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Instructor in Obstetrics in the Jefferson Medical College, etc. Second edition, thoroly revised and enlarged. Illustrated. Published by P. Blakiston's Son & Co., Philadelphia, Penna., 1012 Walnut street, 1901. Price \$4.50.

The first edition of Taylor & Wells placed the book in the front rank; this edition eclipses the first. The entire book is newly written, and much new matter added. Numerous repetitions and considerable useless matter has been eliminated. The articles on digestion and also those on diseases following birth have been thoroly revised. While the "authors" yet hold the title page, it is evident that other master hands have contributed faithfully. Considerable change is noted in articles touching upon Blood, Ear, Heart, Infectious Diseases, Nervous System, and Skin Troubles. Those who have done the work are mentioned in the preface; but the work is well done, and few physicians may profitably dispense with it. The suggestions on small pox, infant feeding, and intubation in diphtheria, overshadow any other feature in this or any other work. The doctor who has loaded his book shelves with books on children's diseases and pediatrics still needs this. We cannot criticize; we can only praise. The work is admirable in its execution; perfect in every detail; thoroly

up to the latest information; and in every way is worthy the attention of every doctor.—A. L. R.

A Compend of Human Physiology. Especially adapted for the use of medical students, by Albert P. Brubaker, A.M., M.D., Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College; Professor of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Anatomy and Physiology in the Drexel Institute of Art, Science and Industry; Fellow of the College of Physicians of Philadelphia. Tenth edition, revised and enlarged. With illustrations and a table of physiological constants. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia. Price, 80 cents, net.

This book has been well received by students of all colleges. Dr. Brubaker has condensed the matter admirably, and this edition contains a number of new paragraphs. It is particularly strong in having eliminated much matter not absolutely essential. Where any compend on physiology may be used successfully, this book will give satisfaction.—A. L. R.

Introduction to the Differential Diagnosis of the Separate Forms of Gallstone Disease, based upon his own experience in 433 laparotomies for gallstones. By Professor Hans Kehr, Halberstadt. An authorized translation by William Watkins Seymour, A.B., Yale, M.D., Harvard; formerly Professor of Gynecology in the University of Vermont; Fellow of the American Association of Obstetricians and Gynecologists; Surgeon to the Samaritan Hospital, Troy, N. Y., with an introduction by Professor Kehr. Published by P. Blakiston's Son & Co., Philadelphia, 1901. Price, \$2.50, net.

The book is divided into two parts, and contains 365 pages of text, with an index. The translator speaks often from experience, having himself suffered from gallstones. He makes a plea for more consideration of gallstone surgery at the hands of American surgeons. He deplors the fact that many still "cherish the delusion that gallstones can be dissolved." Part First takes up the pathology and examination, special diagnosis, and treatment of cholelithiasis, and has 131 pages. Part second is devoted to clinical and operation histories, and has 198 pages, followed by a critical resume of 37 pages. Every reader will become a better diagnostician of this complaint. While the book is a plea for surgery, the author admits the possibility of a "Carlsbad Cure," but denies that there is any other alternative beyond surgery. He dismisses olive oil, morphin, chologogs and Durand's Mixture with scant mention. The surgeon will find it a valuable addition to his library; the physician will find no suggestions on treatment in it, beyond referring the case to a surgeon. At the same time, the suggestions on diagnosis make the work valuable to every practitioner. The language is ponderous and at times redundant, due to the effort of the translator to keep too close to the original German text. The book will undoubtedly sell well on account of its intrinsic merit.—A. L. R.

Laryngeal Phthisis, or Consumption of the Throat. By Richard Lake, F.R.C.S., Surgeon Laryngologist, North London Hospital for Consumption, Surgeon Metropolitan Hospital for the Ear and Throat, Surgeon Royal Ear Hospital, Surgeon for Diseases of the Throat and Ear, Trinity College of Music. With 36 illustrations, 21 of which are colored. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa., 1901. Printed in England. Price, \$2.00, net.

This book is indispensable when one considers

a case of laryngeal tuberculosis. It records the results of treatment in over 300 cases. Internal medication is left to general works on practise, and only local treatment is touched upon. Nearly five pages are devoted to prescriptions for intratracheal injections. The work is a gem. The colored plates are superb. The book contains 60 pages, with an index. The author omits nasal troubles, since "my experience is that the nose must be left alone as long as the patient shows signs of phthisis." The text is not voluminous, but is ample for the field the book seeks to cover. It is suited to the specialist, but the general practitioner who assumes charge of such cases cannot well dispense with it.—A. L. R.

International Clinics, Vol. IV., Tenth Series, 1901. Edited by Henry W. Cattell, A.M., M.D. Published by J. B. Lippincott Company.

Contains an interesting article on The U. S. P., by H. C. Wood, M.D., LL.D. Mosquitos and the Prophylaxis of Malaria, is treated by Prof. Grassi, of the University of Rome. The Symposium on Genito-Urinary Diseases is completed. There is an interesting article on The Role of the Blastomycetes in the Etiology of Cancer, by Prof. Roncali, of the University of Rome. Numerous abstracts are made from the clinics of John B. Deaver, on various subjects. The International Clinics need no laudation. It is now a question whether any one volume is better than its predecessors. This volume is a very practical one.—A. L. R.

A Text-Book of Ophthalmology. By John W. Wright, A.M., M.D., Professor of Ophthalmology and Clinical Ophthalmology in the Ohio Medical University; Ophthalmologist to the Protestant Hospital, Columbus, Ohio; Member Ohio State Medical Society; Member American Medical Association. Second Edition, thoroughly revised. With 117 illustrations. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. Price, \$3.00.

Three hundred and seventy pages, with an index. Originally written for the student for class work, this edition has been remodeled to meet the requirements of the general practitioner. The more common eye complaints have due consideration, and the rudimentary tests are given in detail. A chapter is devoted to color discrimination in examinations for railroad service. The book appeals more particularly to the general practitioner, and is well suited for ordinary needs. Six pages are taken up by illustrations of instruments used in ophthalmic operations. A 27-page glossary will dispense with a dictionary. Seven of the old reliable formulas for common complaints are given. Good authorities are freely quoted. The book is well adapted for the purposes intended; not too pretentious, yet sufficiently complete. We can commend it heartily to such practitioners as may not have the more voluminous works.—A. L. R.

The Treatment of Fractures. By Chas. L. Scudder, M.D., Assistant in Clinical and Operative Surgery, Harvard Medical School. Second edition, revised and enlarged. Octavo, 433 pages, with nearly 600 original illustrations. Philadelphia and London. W. B. Saunders & Co., 1901. Polished Buckram, \$4.50 net.

The reader is induced to be self-reliant in emergencies; and this is the secret in treating fractures. Details are given minutely, and all the newer methods are clearly illustrated; there are nearly 600 cuts. The work has been accorded more than the customary enthusiasm tendered exceptionally good books, because the value was evident. Careful revision is evident. The greatest change in this edition has been in the reproduction of x-ray plates. We have some doubt as to their actual value, when presented in this form; but no other work puts out better. There is no better work on fractures. This edition has been somewhat enlarged. We are certain that it has been improved. There is no physician who can afford to be without it. We tried to induce our readers to buy the first edition, and we can proudly repeat our commendation.—A. L. R.

Diseases of the Nose and Throat. By D. Braden Kyle, M.D., Clinical Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia; Consulting Laryngologist, Rhinologist, and Otolologist, St. Agnes' Hospital. Second edition, revised. Octavo, 646 pages; over 150 illustrations and 6 lithographic plates. Philadelphia and London. W. B. Saunders & Co., 1901. Cloth, \$4.00 net.

The first edition of this work was exhausted in less than a year. The author has accordingly taken the opportunity of thoroughly revising the book and bringing the subject matter absolutely down to date. The work presents the subject of Diseases of the Nose and Throat in as concise a manner as is consistent with clearness, keeping in mind the needs of the student and general practitioner as well as those of the specialist. The illustrations are particularly fine, being chiefly original. With the practical purpose of the book in mind, extended consideration has been given to details of treatment, each disease being considered in full, and definite courses being laid down to meet special conditions and symptoms. We commended the book highly in its first issue, and take this occasion to again praise the concise yet clear and complete method of preparation. It will continue to have a large sale. It is well suited to the needs of the general practitioner, yet most specialists may use it with advantage.—A. L. R.

Our Monthly Talk.

Concerning the capture of Aguinaldo by Gen. Funston, the N. Y. Evening Post says that "if there are those who regret that deceit and trickery and the use of traitors were necessary to the capture of Aguinaldo, we must point out to them that this is a legitimate part of warfare, which legalizes nearly every practise that is regarded with abhorrence among civilized men in time of peace." The destruction of morals is perhaps the greatest of the many evils that accompany war. If only the heroic were fostered, and if only high standards of honor and integrity were practised in war, we could look upon the physical destruction and distress with much less horror. But when we think of how deceit, cunning, treachery, forgery, lying, etc., are lauded to the skies when they result in the

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

Cure for the Nostrum Evil.

Germany has solved the nostrum problem easily. In Germany, every "patent medicin" must have the approval of an examining board before it can be offered for sale. It can neither be advertised nor sold until the board has incontrovertible evidence that it is beneficial for the purposes claimed. Even after it has been past by the board, the formula must be printed on every bottle or package offered for sale. They have solved the problem. No American citizen would pay a dollar for a solution of Epsom salts, colored with caramel, and guaranteed to heal all the ills to which the human flesh is heir, if he knew what he was doing; he would buy the salts for a nickel, but he would likely consult a doctor before buying it. No people in the world have more confidence in their doctors than the people of the United States have in us.

Our political machines are more easily influenced than those of Germany. Our people would stand by us if we would make a man-like effort to fight the dragon, and also educate our clientele. No opportunity could be more propitious. The 100,000 doctors in the United States can get any legislation they wish. He must

be a very poor and unsuccessful doctor who could not influence 20 votes; and two million votes would do anything. Five hundred votes per doctor could be counted on if every physician worked. But before the voting comes the "wire pulling." We have the strength here, too, if we but use it. Note how the *doctors* defeated a candidate for the United States Senate in one of our western states; only because he had abused them.

We may well afford to follow the plan evolved in Germany. The doctors of the United States can do it without perspiration, if they will. Let every physician write to his assemblymen and State senator; let him get ten of his friends to do the same; let him repeat the dose at least three times in each session, and each state will soon have such a law. Such a united effort will defeat the lobbying of the nostrum vendor.

Random Polypharmacy.

"Shot gun prescribing" is not only crude and unscientific, but is in many cases undoubtedly harmful. Many good physicians are guilty of it occasionally, and many poor physicians never prescribe in any other way. The recent graduate who has been thoroly grounded in materia medica and therapeutics is usually a much better all around therapist than the practitioner of years' experience. A distinguished professor of therapeutics (at the time he was a quiz-master) told his students before examination, "Boys, you know more therapeutics to day than you ever will in your life again." His assertion was greeted with roars of derisive laughter, but the majority of his class that day know now that he spoke the truth.

Such a condition should not exist. That those who live in the practise of therapeutics, and by such practise, should allow themselves to abandon their only weapon, seems incomprehensible. No doctor ever knew too much about therapeutics; the fine shades of difference between the action

of different members of the same class of drugs may mean the difference between life and death. All expectorants are not alike; heart stimulants differ in more ways than in time of action and duration of effect; any cathartic that will move the bowels will not always act with the proper effect on the liver, rectum, duodenum, kidney, or stomach. No man can be a really capable physician, who does not know all that is known of the action of each drug which he uses, upon every organ and function of the body. Using a drug of which he is in partial ignorance, only for the purpose of securing a certain effect, he may do infinitely more harm to some other organ than the good he does along the line on which he aims. Shall medicine never advance beyond the powers and limitations of cathartics, anodynes, and stimulants? The doctor who relies upon calomel, quinin, opium, strychnin, and ammonia, is practising in the twilight of a past century; the doctor who throws a lot of the newer drugs into a combination "for something," and of the action of the individual constituents of which he knows but little, is practising without much light of any age, and absolutely without reason.

Such formulas as the original Warburg's tincture are now but a joke among educated medical men; yet that same notorious example of senseless polypharmacy has accomplished great good and saved many lives. The doctor who never used anything but calomel, salts, opium, ammonia, and quinin, and did not know anything about the actual action of any of them, is often held up by the laity as a marvelous master of medicine who could accomplish all things possible. The brainless quack, devoid of skill, has accidentally thrown together drugs of whose action he knew practically nothing, and evolved a combination which skilled and educated science has never excelled. The formula for the favorite embrocation of one of the greatest hospitals in the U. S. was given

by a quack to a patient with instructions to "write the ingredients down, himself;" the "doctor" could not write! Noting such facts, we can only subscribe to the fact that "The Almighty is kind to fools." But in such subscribing we can find no shield or excuse for random polypharmacy on our own part. It is our plain duty to study, and keep studying, every drug which we habitually use. It might be that when we know enuf about it we may abandon it altogether.

It is not the prerogative of any practitioner to use a drug when he wants a patient purged, unless he has full knowledge of the action which that drug will have upon all the organs. It is neither rational, right, nor reasonable to combine a lot of expectorants in a "cough mixture," before estimating the influence which each drug will have upon the various organs. Nor is it sane or sensible to use a cathartic which irritates the colon, in a case of proctitis. Digitalis is far from being any better than is strychnin as a routine drug in "heart trouble." It is important to make full use of all the knowledge and brain power one may possess when prescribing.

It were better if the physician knew thoroly a few drugs, than to have heard of the reputed virtues of a multitude. "If one misses, another may hit" is but the assertion of the ignoramus or imbecile. The ones that "miss" will certainly hit somewhere else. The drugs ordinarily employed are not inert; they are used because we know that they will certainly produce an effect. We know, too, that the same drugs used in cases where they were not indicated, or where they were strictly contraindicated, would be certain to produce untoward effects. Keenly edged tools are to be handled with care. Random polypharmacy is irrational and wrong; let us first learn to know our steel, and then use it most skilfully.

Insomnia.

There are few more distressing cases than those of obstinate insomnia. The patient who suffers pain is less to be pitied than the patient who suffers from protracted insomnia. It is not in any sense a disease, and is not to be treated as such. This is where many physicians err; they "give something to get the patient sleep." What should have been done, was to have searcht for the cause why the patient did not sleep naturally. This cause is often hard to find; it may be concealed in organic disease, or it may be only result of digestiv indiscretion. It is, however, certain that no treatment of insomnia can ever be satisfactory to either patient or physician, which does not rest on the treatment of the foundation cause. No hypnotic is yet known which will certainly bring sleep, and yet leave no bad after effects. We have many good hypnotics which can be depended on in emergencies, but the cases which drag out over weeks and months can not take any one of these with satisfaction for any length of time.

Among the more common causes of insomnia in those not severely ill, may be mentioned the use of tea or coffee to excess at the evening meal, retiring soon after eating a hearty meal, excessiv use of tobacco, mental exertion prolonged into the night hours, excessiv bodily fatigue, etc. On the other hand, some cases of insomnia sleep better after a cup of coffee or tea, or a light lunch before retiring; tobacco has a lethargic effect on certain persons, and mental or bodily exercise will conduce to sleep in other cases. Thoroly study the patient, and use tact and judgment as much as you use drugs. Those who work with the brain rather than with the body are often kept awake by poor circulation, cold feet, etc.; bathing the feet with strong mustard water just before retiring, will dispose of these, or a hot water bottle may be kept to the feet thru the night. This class of cases should be encouraged to take gymnastics or some

other form of physical exercise. A glass of hot milk before retiring will help such cases. Those who are overworked mentally should rest an hour before retiring. Should stomachic acidity or constipation be deemed a factor, the case is readily met by alkalies and laxatives. If sleeplessness depend upon worry or excitement, the bromides are indicated, and may be used freely without fear of instigating a habit. They can be intermitted, and discontinued as soon as possible; ammonium or strontium bromid are to be preferred to the potassium salt. Chloral and opium are best reserved for such cases as suffer pain of such nature that their use may not likely long be required, or of hopeless cases, such as cancer. Sulfonal acts well in cases which will only require its use for a few times; it is especially efficacious in the aged. A peculiar fact about this drug is that the dose may be gradually reduced, and the full effect remain. Occasionally in obstinate cases it will be found that a combination of drugs, even tho given in small doses, acts better than any one of them given singly.

We would impress upon all the importance of the following rules in treating insomnia: (1) Find the cause, if possible. (2) Use as few drugs as possible, and never use an enslaving drug in an acute case. (3) If drugs are used, withdraw as soon as possible. (4) Direct your efforts toward checking the habit of wakefulness, tho free dosage may be the only way to do it. (5) If baffled, while using hygienic measures, give some safe and reliable hypnotic in sufficient dosage to satisfy the patient, and gain time to study and think.

Shall Our Sons Study Medicin?

The Esculapian oath is quoted from as follows:—"I will reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities if required, to look upon his offspring in the same footing as

my own brothers and to teach them this art if they shall wish to learn it, without fee or stipulation, and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons and those of my teachers."

Beautiful sentiments, but they are no longer followed by the profession. Instead of dealing with fathers or brothers the doctor too often finds bitter and unscrupulous enemies among his colleagues. His professional associations are never uniformly pleasant.

The doctor's life is hard, even under the most favorable circumstances. The general practitioner is never sure of rest or meals, or if he makes them certain, loses his clientele; the specialist has short hours and pretty regular sleep, but is generally under intense mental strain while at work. The doctor must be prepared to go anywhere at any time; the surgeon is expected to do the same, and can generally obtain but little more delay. The life is exacting upon the strongest brains and most rugged bodies.

The compensation is inadequate. It is said that the average income of the doctors of the U. S., is but \$1000 annually. The general practitioner with an income of \$2000 is considered to have a "large and lucrative practise." The doctor must dress better and live more expensively than other men. The men who get over \$10,000 a year might be easily counted. After expenses are paid, but little is left. It will not likely ever be much better; it is now certainly growing rapidly worse.

It takes more brains and application to be a really good and successful physician than to win laurels in any other profession. If your boy is mentally capable of gaining prominence in medicin, he would probably do as much in any other profession, and would likely do much better. If you give the matter mature thought and consideration, you will recall your early ideals and aspirations; you will remember your

strenuous efforts and galling rebuffs; you will note that your classmates with lesser talents have won more wealth and prominence in other lines than you have in yours; you will realize that the successful physician in the next decade must spend twice the time and money which you spent on your medical education; you will realize that his work and annoyances will increase with sterner competition, and you will falter before you take the step to "make the boy a better doctor than his father."

There are many other lines of effort which promise much more remunerative returns, easier work, and greater eminence, if the boy be really capable; and if he is not capable he can only become a failure, a fraud, or a quack, in medicine. It is very sweet to think of giving your life for your fellow men, and we suppose it ought to be sweeter when you give it by inches rather than in one brief agony; but age gives discretion, and you ought to warn and protect your boy. Our worries and trials were enough; his will be more. We wore our brain thin in learning useless knowledge; he must learn more. Advise him to become a master in some other art. His work will be easier and his remuneration greater, if he have within him the ability and energy which are always the foundation of success. Under existing conditions, he can be made a leader in any other line sooner and easier than in medicine.

Hematuria.

Bloody urine is always a source of considerable alarm on the part of the patient, and too often the physician is led into making a grave prognosis of kidney disease when no such trouble exists. Blood in the urine may come from the kidney, the bladder, or the urethra. It may be a concomitant symptom of grave disease; but suddenly occurring in a person otherwise healthy, is not likely to be fatal or even serious. To such cases the term idiopathic has been applied. In idiopathic

hematuria the blood is intimately mixed with the urine, and is not often found in clots, as it usually is if the hemorrhage comes from the bladder or kidney. The urine is commonly "smoky," becoming darker if the urine is acid, and lighter and redder if the urine is alkaline. Unless the urine be intensely acid or very alkaline, the color becomes darker as the amount of blood becomes larger. It is rare that symptoms other than the change in the urine are developed, although occasionally a patient will complain of pain in the back, because, as Tyson naively suggests, "He thinks since there is bloody urine, there ought to be pain in the back." There is no nausea; no fever; no pain; no actual illness; but if untreated, and the hematuria be severe and continued, weakness will gradually develop. It is essential that treatment be instituted promptly, and the first requirement is absolute rest. Tannic or gallic acids, persulfate of iron, hamamelis, lead acetate, catechu, kino, alum, or ergot may be used. Often some soothing diuretic, like saw palmetto, is indicated.

It is well to be sure the discoloration is really blood before you begin treatment. Remember that carbolic acid, senna, rhubarb, beet root, and sorrel, will tint the urine brownish red. Blood corpuscles may be found under the microscope if the urine be acid, but if alkaline, there is little hope of discovering them. The chemical test is to place a dram of tincture of guaiacum in a test tube and add a drop of urine; afterward a little ethereal solution of hydrogen peroxid. If blood is present, a blue ring develops at the junction of the fluids; but it is to be remembered that other substances may produce the same reaction. In some cases the urine is first clear and then bloody; in others it is well blended when voided; and in others, clear urine passes first, and the blood follows the closing of micturition. Careful questioning will draw out these facts; or if the patient be unobserving, three bottles used to

catch the first, the middle, and the last flow of urin, may clear up the matter.

In hemorrhage from the kidney, the urin is commonly smoky, tho it is rarely bright red. The reaction is acid, unless the quantity of pus or blood has been sufficient to alter the reaction to alkaline. In hemorrhage from the bladder the color is bright red, unless the blood has been retained within the viscus for a considerable time. In urethral hemorrhage the color is always bright red, and the hemorrhage always precedes or follows the flow of urin.

Hematuria may be due to blood dyscrasia, local affections, injury, calculi, passage of instruments, nephritis in any form, cancer or tuberculosis of any part of the urinary tract, cystitis, ulceration of any part of the genito-urinary canal, or local disease, such as gonorrhea or urethral chancre. The treatment is much the same as in the idiopathic variety; rest is essential; opium is used if nephritis and renal congestion can be eliminated; ice may be applied to the perineum, penis, or suprapubic region, as the indications point; if the hemorrhage be from the bladder, it may be checked by washing the viscus out with hot water (120° F.); if it be from the urethra, pass a catheter, and compress the penis around it by means of elastic strips; tincture hamamelis or infusion matico may be injected into the bladder; coagula in the bladder may require removal by repeated washings; watch the case closely, as the hemorrhage may become alarming at any time.

Malarial hematuria will be taken up later.

Nutrient Enemas.

Rectal feeding is too little employed by the average general practitioner. This negligence is due to fear of bother, the disagreeable nature of the operation, and a lack of proper understanding regarding the technic. Even without trained nurses, one may teach any intelligent person, by a single lesson, sufficient to enable him or

her to administer the food successfully. It is not to be expected that even the humblest country physician would do such work regularly, even if present at the proper intervals; and if doctors once realized the simple nature of the procedure, and the benefits to be derived from it, it would be oftener employed.

The best equipment is a smoothly working piston syringe attached to a large calibre soft rubber catheter. The catheter is lubricated with glycerin or olive oil, and is left in position after insertion, until enuf food has been injected; when one syringeful is injected, the syringe is detached and filled, and again attached to the distal end of the catheter. When enuf has been injected, the catheter is removed, and the patient instructed to endeavor to retain the injection by avoiding all bearing down. The discomfort generally passes away in a few moments. Catheter and syringe are then boiled and allowed to cool until the hour arrives for the next injection. The rectum should be washed out once each 24 hours with warm water and non-irritating soap.

In giving the injection, the patient should lie upon the left side, with the hips elevated a few inches on pillows, or the foot of the bed may be elevated on bricks or books. The fluid should be at a temperature of 100° F., and should be injected slowly. The intervals between injections may be four to eight hours.

Easily soluble medicines not likely to irritate the bowel may be often incorporated with the nutriment, and thus save the patient the annoyance of taking them by the mouth.

No one can rightly deprive a patient of the benefit of rectal feeding thru a plea of inadequate equipment, or lack of skilled nurses; for any syringe will do in an emergency, and any one who can give a sick person a drink of water can operate it. In our reading columns of this issue will be found a number of the best formulas for rectal feeding; the physician will

readily determine what medicaments will blend properly with the ingredients.

When a patient cannot swallow; when prolonged vomiting causes a threatened collapse; when any other condition excludes the advisability of administering food by the mouth; then rectal feeding is indicated. Every physician should become familiar with the simple technic and be able to give extemporaneously the popular formulas and method of administration, and illustrate the method personally if the circumstances demand it. The mode of procedure is little different from the practice of rectal irrigation for summer diseases of children; and no doctor in the coming season dare ignore the advantages of this treatment. In the name of humanity, so long as you pretend to practice medicine, practice it as well as anyone can. Ignore no valuable suggestions, and learn the technics of all the simpler plans, at least.

Formulas for Nutrient Enemas Found Least Irritating and Most Satisfactory.

No. 1.	Beef tea	3 ounces
	One yolk of raw egg	
	Brandy	$\frac{1}{2}$ ounce
	Liquor pancreaticus	2 drams
No. 2.	One whole raw egg	
	Ordinary table salt	15 grains
	Peptonized milk	3 ounces
	Brandy	$\frac{1}{2}$ ounce
No. 3.	Beef tea	2 ounces
	Brandy	$\frac{1}{2}$ ounce
	Cream	$\frac{1}{2}$ ounce
No. 4.	Beef tea	2 ounces
	One whole raw egg	
No. 5.	Whites of two eggs	
	Peptonized milk	2 ounces

Any non-irritating medicament may be blended with any of these formulas. They are useful in chronic wasting diseases, in obstinate anorexia, in persistent vomiting, in pernicious vomiting of pregnancy, in any condition where swallowing is impossible, in prolonged coma, etc.

The American Association for the Advancement of Science says the following lines are all that is necessary for the physician to learn in order to prescribe in the metric system:

1,000 milligrams make one gram.
1,000 grams or cubic centimeters make one kilo or liter.
60 milligrams make one grain.
15 $\frac{1}{2}$ grains make one gram.
31 grams make one ounce.

A Superior Local Anesthetic.

Bonain, in *Revue Laryngologie*, Bordeaux, mentions a new combination of anesthetics with which he has obtained better results than he ever could with the drugs uncombined. It is composed of equal parts of hydrochlorate of cocain, menthol, and pure carbolic acid. The cocain and menthol are dissolved in the acid. It has been used with notable results in the ear for operations upon the tympanic membrane and tympanum; and for the opening of the numerous abscesses which occur in furunculosis of the canal. It is applied by moistening a pledget of cotton with the solution, and allowing it to remain in the canal ten minutes. It has also been employed in similar cases to relieve the pain where operation was not required. It is also a success in the nasal fossa for purposes where the galvanocautery was necessary, and in puncture of the antrum. It is efficient in the larynx and pharynx for operative procedure, and has been found excellent in the dysphagia of tuberculosis and in laryngeal ulceration; in one case the relief lasted four days. It is both anesthetic and antiseptic.

If one wishes to combine the benefits of anesthesia with those of a caustic, Bonain recommends adding 50 centigrammes each of the cocain and menthol to 1 gramme of the pure carbolic acid.

Drugs Taken by a Nursing Woman Which Affect the Nursing.

The following drugs have been found in milk:—

The purgative principles of rhubarb, senna, and castor oil.

Antimony	Mercury
Arsenic	Copaiba
Iodin	Garlic
Bismuth	Cocain
Turpentine	Chloral
Salicylic acid	Hyoscyamus
All Bromids	Digitalis
All Iodids	Atropin
Lead	Ergot
Iron	

An unpleasant, but harmless flavor, is imparted to the mother's milk from the ingestion of

Onions	Cabbage
Turnips	Cauliflower

(Fisher:—*Infant Feeding in Health and Disease*. F. A. Davis Co., Philadelphia and Chicago.)

[Advantage may be taken of such transmission in case of less powerful drugs; the "trituration" will surely be perfect

when pass^d thru Nature's laboratory. It is not advisable to risk physiological dosage of

Atropin
Chloral
Cocain
Hyocyanus

Antipyrin
Digitalis
Ergot

unless the infant has been removed from the breast until all danger of ingestion is past.—Ed.]

Uses of the Thyroid Gland as a Medicine.

In Practical Medicine for December, 1900, (Lea Brothers), a number of investigations of the action of thyroid gland have been collected. The observers include a number of noted foreign investigators. The gland is declared to have proven its usefulness in myxedema, cretinism, obesity, non-union of fractures, the gastric disturbances of the early stages of phthisis, in acute mania, in melancholia, and in puerperal and climate insanities, in psoriasis vulgaris, to establish the menstrual flow when delayed by developmental changes incident to puberty. It is best given twice daily, in five grain doses, gradually increased. Any excessive dose is followed by vertigo, tachycardia, nausea, chills or fever.

Internal Antisepsis.

In a very interesting discussion on Internal Antisepsis before the New York Post-graduate Clinical Society Dr. Wilcox concludes that bacteria are not essential to digestion, and that perfect digestion is possible in a sterile medium. As antiseptics, he favors chlorin and soluble forms of silver. Dr. Satterthwaite favored calomel, quinin and muriatic acid in striving for intestinal antisepsis in typhoid fever. Perfect antisepsis of the alimentary canal was hardly considered possible, but it is undoubtedly proven that excessive action of the ptomain-producing bacteria, may be controlled and modified.

Poisonous Compounds.

Poisonous compounds may be formed by mixing potassium chlorate with potassium iodid, in solution; it does not react at ordinary temperature, but in the system probably forms potassium iodate. Potassium chlorate, if blended with syrup of ferrous iodid, liberates iodine in the stomach, and may cause gastritis of dangerous degree. Dilute hydrocyanic acid or potassium cyanid, if united with calomel, will form the bichlorid and bicyanid of mercury; and both are virulent poisons.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and one seems downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Renal Deficiency.

Editor MEDICAL WORLD:—A good deal has been written during the past few years on the subject of deficient elimination on the part of the kidneys. It is now generally admitted that the escape of albumin with the urine, tho highly significant in a diagnostic way, is in itself of little consequence to the patient, the greatest loss being made up by swallowing a raw egg or two. But the passage of the solid constituents of the urine thru it and out of the body is of vital consequence. Were the elimination by this channel to be totally stopt, life would be in such imminent peril that unless relief came the patient would die, self-poisoned, in two or three days. The most marked cases of total suppression of urine I have seen were due to ether anesthesia.

The elimination of solids by the urine varies considerably, but may be roughly estimated at 1,200 grains daily for the average man and 1,000 for the average woman. Nature provides for wide departures from her averages, and the human body accommodates itself even to prolonged excess or deficiency in this matter. But there can be no question that when the elimination sinks to one-half, one-third or one-fourth of this quantity, there must be trouble.

And there is trouble. One of my patients I well recollect. She was eliminating about 200 grains in 24 hours. She ached from head to foot. Not an inch of her body but had its special discomfort. She could not eat, drink, sleep or perform any function with comfort. She could not sit still without wriggling. She was cross, capricious, fidgety, everything worried and annoyed her, nothing pleased her, her mouth was drawn down like

that $\cap$, temper awful, complexion dreadful, sallow, dark rings about eyes—altogether the universal verdict of her friends was that she needed killing. Her pulse was 46, she had no appetite, constipated, feces dark and malodorous, breath offensive, skin dry, urin scanty and pale.

In estimating the excretions of solids here is a very unscientific and inaccurate method that answers every practical purpose: As each grain of solids replaces a grain of water, double the last two figures of the specific gravity and you have the percentage of solids. Thus, a patient passes urin a pint daily, s. g. 1.025—double the last two figures and you have 5 per cent., representing the solids. Sixteen ounces contain 7,680 grains, and 5 per cent. of this is 384 grains of solids eliminated in 24 hours.

Poor soul! How could she help being nervous? Evidently it is help she needs instead of killing. The wonder is that it doesn't kill her; for, if the body dies from the total suppression of urin by the time about 3,000 grains of its solids have been accumulated, why doesn't death occur in the time necessary for that quantity to accumulate gradually?

Well, possibly the most highly toxic portions are those thrown off. And then the skin and lungs help out the suffering kidneys, as is shown by the urinous odor to the breath and perspiration. But above all, the bowels aid in carrying off the surplus, and the dark, offensive stools may prevent the odor of stale urin. This is a reversion to more primitiv types, where the urin and feces are both discharged by the anus.

Nevertheless, all these are insufficient, and much excretory material is retained in the body. How can this be gotten rid of? Easily enuf. Just give diuretics. But, unluckily, just when you most need them the diuretics won't work.

I have tried the diuretic salts but they proved worthless. Then I gave, in succession, the vascular tensors, digitalin, caffein, apocynin, spartein, but they made matters worse and the patient more uncomfortable. Besides, the pulse of 46 did not indicate these remedies, which really only act as diuretics when the flabby vessels need stiffening up to enable the heart to pump thru them. Just try to inject the bladder thru the urethra, or compare the passage of a very soft rubber catheter to that of a metallic one, and you

will get the correct indication for the tensor diuretics. Then I tried the stimulants to the dialyzing apparatus of the kidneys, oil of juniper, and from one-fourth of a drop I got a little effect; but when I increast this dose the elimination almost stopt, and my hair began to rise. Finally I tried glonoin, taking a hint from the effect of the tensors, and at last I got a decided good result. Changed to sodium nitrite to obtain more prolonged action, and under this the elimination rose to over 800 grains. She had the bowels well flusht daily with saline laxativs, and the diet consisted largely of milk and fruit. The mental symptoms did not immediately improve until several weeks had past and much of the accumulated toxins had been washt out; in fact, we had to read the riot act to her several times. After eight weeks she returned to her home in Pennsylvania, by no means well; in fact, I was by no means satisfied with the results achieved, but judging from the reports sent by her family her improvement far exceeded their highest expectations. She has continued to improve, and, after a year, is now considered well in body and actually amiable in disposition. As her long-suffering nurse remarks: "After that I'll believe in anything but Christian Science!"

Since that one of my good friends gave me the hint to try nitric acid, and in several less markt cases it has given prompt relief. I much regret that I did not hear of this remedy sooner. It is still nitrogen you observe.

And here I am going to transgress my custom and dip a little into pathology. Why does the kidney fail to excrete normally? We now know that the normal excitant of the renal dialyzation apparatus is urea, and hence infer that there is a deficiency of urea. We note here that the next experiment will be the hypodermic injection of urea as a remedy. While working with Dixon some years ago we obtained, in tuberculosis from urea, reactions closely resembling those of tuberculin. This should give relief in failure of renal elimination, but still could not cure, because it does not yet reach the true malady; which is evidently the failure of the body to provide its own urea. And here we trace the disease to the liver, in whose mysterious laboratories urea is generated.

How little we know! God! If only I comprehended the functions of that wonder-

ful organ like Him who constructed it, I would be a new Prometheus.

But let us apply the little we do know. The liver stands just within the portal, and all we pour into our stomachs goes to that devoted organ to be sorted over. We know very well the harm we do it by the continued ingestion of alcohol, spices and condiments, excessive quantities of sugar, nitrogen and perhaps fat; and by simple overeating, and the use of iced beverages. We also know that when constipation allows of decomposition in the alimentary canal, the toxins therein generated go straight to the liver. We can, therefore, lighten the liver's burden of work by keeping the alimentary canal clean and aseptic, and by eating just what we need and no more, in the manner best calculated to insure normal digestion; and thus we give the liver rest from unnecessary work. And surely there is no principle in physics so well established as that of rest for a suffering organ.

Beyond this, we can stimulate the skin, with hot baths and salt rubs; we can regulate the habits of exercise; and we can apply the principles of domestic hygiene to the patient's environment. And the doctor who esteems this as of little account has not yet mastered the alphabet of his science. W. F. WAUGH, M.D.

Chicago, Ill.

A New Disguise for Castor Oil.

Editor MEDICAL WORLD:--Some time ago I was called hurriedly to attend a crew on a small lumber boat that was anchored out on the bay. I was told that it was a case of wholesale poisoning. Seeing that my emergency case was well filled, I hurried to the dock, where a small boat was awaiting me, into which I immediately stepped and started at once to the boat about a mile from shore, two men taking me as fast as their strong arms could ply the oars. On arriving I at once climbed the ladder and such a sight as met my gaze will never be forgotten. The captain, mate, purser, boatswain and eight or ten others were lying about on deck, rolling and praying as tho judgment day had already arrived.

I asked the first one I could get to speak what they had eaten for their dinner. It happened to be the cook and he could give me the necessary information. He said that besides the usual potatoes, rice, grits, molasses, etc., they had had a large dish of lobster and clam salad, of which they

all ate heartily. Having him to show me the cooking department, I went to work to find the cause of the poisoning. While looking around I was having the man who was acting as my guide to give me a history of the cases, how they began to complain, etc. He said that they had all eaten heartily at noon and had since been lying around on deck, some playing "scrap" while others read or slept. At about four o'clock the mate became very sick and began to vomit and complain of severe pains in his stomach and bowels. By five o'clock the whole crew was rolling around, crying for help from a higher power till about six o'clock (after I had been dispatched for) some of them began to get better, after being thoroly purged. While this history was being given to me I was looking over the cupboard, table, stove and everywhere trying to ascertain the character of the toxicant. I happened to pick up a quart bottle that sat in a box. I opened it and smelled it. I was told by the cook that that bottle contained the olive oil that had been used as a dressing for the salad. The smell revealed the fact that it was not olive oil, but castor oil! Asking him how much he had used, he said that he had used perhaps a pint or more on the salad. So I saw at once that the men had each taken about two ounces of castor oil and that the pains in the stomach were nothing but the griping of the castor oil.

When I went back on deck and told the captain and his men that they had only taken about two ounces of castor oil, a minister could have readily seen that they needed two or three missionaries on that boat, judging from the language that they used. The mate said that he told one of the men to go to a drug store and get some olive oil for the salad, and to fill the castor, and he had gotten castor oil. It had been so disguised by the pepper, mustard, vinegar, etc., in the salad that none of them knew it till after they had been almost frightened to death, but they had only a good castor oil purge. I have seen some inquiry in the journals about disguising the taste of castor oil. I would say, just put it in lobster salad, and give it to men who had had plenty of Spanish whiskey.

Am succeeding with calcium sulfid in boils, furuncles, etc.

F. G. THOMASON, M.D.
Punta Gorda, Fla.

Topics for Discussion.

Editor MEDICAL WORLD:—I suggest a few topics for discussion:

1. The merits of *veratrum viride*.
2. Phosphorus; its most valuable preparation.
3. The most practical splints in present use.
4. A typical neutralizer for alkalin urin.
5. A drug which universally overcomes excessiv acidity.
6. A simple method of nickle-plating instruments.

W. T. MARRS

Jewett, Ill.

The Pay Doctor.

Editor MEDICAL WORLD:—The prompt and positiv stand Dr. Livingstone has taken in reference to his bills (publisht in the May WORLD, page 177), is very commendable. It will do him no harm in his neighborhood. It makes the laity think he is a *pay* doctor, as they frequently express themselves, in contradistinction to the benevolent, philanthropic old samaritan who gets his pay in Heaven. They will praise and tolerate the good samaritan for a few days, as he is very charitable to the poor. Then if the patient recovers they frequently think and say, "there was nothing much the matter; he got well in a day or two." But if the patient continues to be sick, the friends become alarmed and send for a man like Dr. Livingstone, who is a good doctor, but you must pay him promptly. He must necessarily be a skilful doctor as you must pay him. This *pay* doctor of course takes up the case where the old fool of a samaritan left off, cures the case, and gets his pay, while the philanthropist is frequently censured by the friends for tampering with human life. He may be just as competent as the *pay* doctor, but he has no business ability, and is a semi-nuisance in the profession. He never sends in a bill; is never thought to be much of a doctor; is always poor and has a hard time to pay his own bills, simply because he does not value his services and the laity does not. If a man meets with a serious accident, or has a prolonged fever, see how quick the friends send for a doctor of the Livingstone type; and how *quickly they pay him*. If he gets well the doctor gets the credit; if he dies, they console themselves with the thought, "we did all for him that *money* could do; every attention was given him that money could purchase; the best

talent was procured that money could obtain." But suppose the old fool of a samaritan had the case; he would certainly not get any fee, and be highly censured, and be held in poor estimation by the neighbors.

The following was publisht in a medical journal—don't remember which or when, but recently, and from a man in Kansas. This was on his bill heads:

A prompt settlement of this bill is requested and expected. If bills are paid monthly a discount of 10 percent. is given. Bills not paid promptly will be past to my attorney for collection.

If you pay your physician promptly he will attend you promptly, night or day, rain or shine, while your slow-paying neighbor suffers and waits, as he made the doctor wait; and while he is waiting the angels gather him in; and then the undertaker sues the estate for expense of interment—all of which you can prevent by paying promptly your best friend, your medical adviser.

I venture to say that the man who has that on his bill heads, is considered the *leading* physician in the county by the laity, and has more than he can do for *cash*; and that there are a number of philanthropic doctors in the county who say there is "not much sickness this year."

J. G. CRAWFORD.

San Francisco, Cal.

Reply to "Sterility."

Editor MEDICAL WORLD:—I have observed in May number (page 197), "Sterility's" letter and your advice upon it. Allow me to say that you have omitted one thing most important. Spermatozoa require an alkalin medium for the full play of their vitality. Try a weak solution of bicarbonate of soda as an injection before coitus. I believe this will be probably successful if, as you suggest, the husband be viril.

Keota, Iowa. D. C. MCFARLANE.

Two Cases of Sterility with Treatment and Results.

Editor MEDICAL WORLD:—Mrs. A. M. came to my office for treatment. Had been married seven years; no issue. I placed her in the dorsal position, introduced a bivalve speculum, found a yellowish muco-purulent discharge exuding from the os uteri. Introduced uterin sound and met with resistance in the

cervical canal. Bimanual examination revealed a uterus of an unusual size with fundus resting on the rectum. The patient gave the following subjective symptoms: headache, pain in the back, occasional pains down the thigh, and persistent constipation. My diagnosis was acquired sterility due to a stenosis of the cervix uteri as a result of chronic cervical endometritis, with retroversion of the fundus uteri.

The husband was sent for and examined. His history was clear save for having had a gonorrhea some time in the past; his sexual organs were in a normal condition. It was explained to the husband that several months would pass before much could be accomplished.

The lady was required to be brought to the office three times a week. She was given a prescription containing the fluid extract of ergot, viburnum, iron, and strychnin; the bowels were kept open with epsom salts; and during the three months she was under treatment, Fredrick Stern's wine of cod-liver oil was occasionally given. The local treatment consisted of a gradual dilation of the cervical canal, an injection of a weak solution of boric acid, and tamponing the vagina with surgeon's cotton, which had been saturated with glycerin and carbolic acid. This treatment was persisted in for two months, at the end of which time the uterus was cautiously injected with pure glycerin with three drops of carbolic acid to the ounce of glycerin, never injecting more than a dram of the glycerin at a treatment, and tamponing the vagina after each injection. The tampon not only served as a vehicle for the medicins, but assisted in stimulating uterin contraction and the expulsion of the morbid materials from the body of the uterus; also assisting in changing the deformity of the fundus. My patient improved rapidly; the uterus returned to its normal size, and the malposition was corrected.

I may say here that I find it a very difficult matter in the treatment of uterin disease to keep husbands away from wives before a cure can be effected; hence this tampon arrangement performs many useful functions. I usually let the cotton remain in the vagina until the patient returns to the office.

I directed my patient to submit to the entreaties of her husband. Three months afterward she returned complaining of a

miscarriage. I re-examined her, found no malposition nor disease. She was reassured and instructed to try again; to keep quiet about the time of her "monthlies." In six months she returned to consult me about her delivery. At full term she was delivered of a healthy, lively baby girl. She is now undergoing her third pregnancy. She came to me for treatment April 3, 1898.

Case No. 2.—Mrs. G., twice married, had three children with first husband; none with the second. Age 35 years, been married two years second time. Menstruates regularly, but it is painful. Examination revealed no malposition of the uterus or annexa, but a copious milky discharge from the cervix, so abundant that she was compelled to wear a napkin all the time. Her object in consulting me was not to become a mother, she said, but the discharge gave her considerable annoyance and it was this from which she sought relief. "However, Doctor, if you can start me again my husband would be grateful."

My diagnosis in this case was an uncomplicated case of cervical endometritis. I also found a vaginitis, a sort of an extension of the disease from above downward. My treatment in this case was very simple. I put the patient on Fellow's hypophosphites, teaspoonful doses three times a day in water. Gradually dilated the cervical canal, had the patient come to the office three times a week, at which times the uterus, cervix and vagina were thoroly cleansed with a strong solution of borax, alum and tannin; the vagina was then dried out with cotton and a glycerated cotton tampon inserted and held in place by a T bandage. I never altered this treatment. In four months I discharged my patient as cured. When I had forgotten all about the case I was called one night nearly a year afterwards to deliver her. She said "I blame you for this, Doctor." She gave birth to a fine boy. She has been pregnant twice since. These are simple remedies and simple methods that have been useful to me. I am glad to give them to my fellow readers of THE WORLD.

CORNELIUS MCKANE, Ph.D., M.D.

Savannah, Ga.

Do you not want your medical friends, either in your own vicinity or elsewhere, to read THE WORLD? It is *your* journal, so all your friends ought to read it. If you want to present it to them, on trial, for the remainder of 1901, send list of names and 25c. each, and we will make this special rate to *you*, for you to get your friends in.

Suggestion for Sterility.

Editor MEDICAL WORLD:—In case of "Illinois" (sterility, page 165, April WORLD, 1901), allow me to suggest the following, with the request that results be reported:

R
Sodii chlorid 3ij
Sodii bicarbonat 3ij
Aque font Oij

M. Sig.—Use a pint or so as a douche, shortly prior to coitus, passing nozzle high up to cervix, during first week subsequent to period.

Also, to "New Subscriber," page 164, same number: Would suggest hot water and cold, alternately, to improve circulation. In giving him confidence that the normal sexual life of matrimony will develop the sexual organs, caution him to delay the act until all eagerness has worn off, approaching his task as deliberately as he would a good dinner, and prolonging it, so as not to rob his partner of her full share of the pleasure. The length of time the vessels are kept engorged will, in the opinion of the writer, do much to develop, strengthen, and create confidence.

SACRAMENTO.

Conception Favored by Cohabiting Immediately after Conception.

Editor MEDICAL WORLD:—If "Illinois" would advise the married couple to cohabit as soon as the menses have ceased, not waiting even for an hour, it is possible that the lady would conceive. A case in point: a married couple waited two years for offspring. Being very anxious to have a child, they tried all the advertised nostrums for sterility that came under their notice, to no purpose. Both being very particular, they had waited several days after menstruation before cohabiting. A lady friend advised the lady to have coition as soon as menstruation had ceased. The result was that at the end of a year they were blessed with a baby boy.

Wyoming, Del.

J. H. THOMAS.

Conception Favored by Position.

Editor MEDICAL WORLD:—I have a suggestion to make to "Sterility," on page 197 May WORLD. There is no doubt that in the early history of mankind the only known way of performing the sexual act was from behind. That is, man learning by observing the brute creation around him, knew of no other way of having coitus, only while the female was on her knees and hands or knees and chest.

If one carefully studies the anatomy and physiology of the generative organs of the two sexes he cannot help coming to the conclusion that this is the way the Divine Creator intended it should be done. That is, there is a better adaptation of the two sets of organs in this position than in any other, and conception is more likely to occur.

If the female is on her knees and chest and receive her partner from behind, every contraction of the erector penis muscle causes the carpus spongiosum of the penis to impinge against the clitoris, the most sensitive part of the female sexual organs, thus augmenting her pleasure in the act. At the same time, when the woman is in this position, the direction of the vaginal canal is downward, at the bottom of which is the os uteri looking upward, ready to receive the semen as it is deposited. The body of the uterus being still lower than the os, the semen readily gravitates to meet the ovum, and there will be no need of plugging the introitus with cotton wool to keep it from running out.

Thus you see, common reasoning would lead us to believe that a woman would be much more likely to conceive in this position than any other, especially when we remember that the uterus is more patulous in this position than any other, and any occlusion from flexions would likely be relieved for the time being if there was no adhesion. Conception would still further be favored if she would retain the position for awhile after the completion of the act.

When the woman is lying on her back or standing, the uterus is in the position of an inverted bottle, and nothing but the penetrating power of the spermatozoa aided by the ciliary movements of the epithelium would enable them to enter it. I think if those childless couples would act on the above suggestions they might have their wishes gratified.

Newport, N. H. D. M. CURRIER, M.D.

Orgasm in Woman.

Editor MEDICAL WORLD:—This may be divided into two classes: healthy and neurotic. A neurotic woman will have orgasms from the most trivial causes: sudden shock, voluptuous thoughts, a conversation on sexual diseases, being kissed by a man, the penetration of the vagina by the physician's finger in an examination; even the thought of being examined. Usually all these conditions

are the natural product of selfabuse in the female. Such women may have a soft, flabby womb and cervix, or the womb and cervix may be swollen, indurated, and congested. Usually there is tenderness in both ovaries, but most intense in the left; the womb falls low in the vagina; leucorrhea is invariably present; frequently ulceration of the cervix, or it may be hard and ruff from titillation. The clitoris is redundant and intensely sensitiv, and the labii flabby and like bats' wings. Such a woman, in my opinion, cannot be impregnated. When a woman of this class has an orgasm, no perceptible changes take place in the erectile tissues, while in a healthy woman great changes occur in the parts in the process of the act of coition that leads up to and produces orgasm. There is a distinct increase in the size of the clitoris; the labii fill with blood, and are increast in size; the womb drops down in the vagina from three-quarters of an inch to an inch or more; the cervix increases in density, calibre and length; and the fundus and cervix become filled with arterial blood. These preparatory conditions are always present in a vigorous, healthy woman in the act of orgasm. When orgasm commences, or just prior to the act, there is a well markt mucous discharge in the vagina, the quantity being much greater in some women than in others. In the act of orgasm the constrictor muscles of the vagina contract and expand for a minute or more, and while this is taking place there is a distinct oscillating movement of the womb, the os usually gaping, so that the point of a No. 8 rubber male catheter could be inserted from a half to three-quarters of an inch. This is the whole act of orgasm in a healthy woman. Some healthy women never have an orgasm. I am frequently consulted by women who say their husbands are dissatisfied with them because of sexual inertia in the act of coition. These women live with their husbands without sexual desires; not infrequently they have large families, and during all their sexual life never know the pleasure of an orgasm. Therefore orgasm is not necessary to reproduction in the female. Often this class of women become intensely sexual after the menopause; the sexual appetite being very difficult to satisfy. The suggestion arises that this lack of sexual appetite in such cases is

due to excessiv menstrual flow; and when that flow ceases, and there is, as a result, greater vascular tension, the sexual appetite suddenly develops. Suction by the womb in the act of orgasm would mean alternate muscular expansion and contraction; such contraction and expansion, as we all know, is not pleasurable, and the physical and anatomical condition of a healthy womb precludes any such phenomenon in orgaem. Orgasm is but a natural incentiv to fulfil the fixt law of procreation. Were it not for the prospectiv and real pleasure of sexual intercourse, men and women would not cohabit, would not marry; therefore, sexual appetite and that act are the irresistible forces that fill the gaps in human ranks caused by death. In the male, orgasm is necessary to procreation; in woman it breaks down the natural bars of passiv resistance, and thus makes her a willing partner in the act of reproduction. There are many conditions that in the female prevent procreation: acid secretion of the vagina and womb, ragged ulcers in and around the os, induration of the cervix, a split cervix (in woman a split cervix often prevents orgasm), caustic applied to the cervix until the natural smooth surface at the end is destroyed, congestion of the womb from any cause, too long a cervix, curvature of the cervix, a very short vagina, prolapse of bladder or womb, etc. Vaginismus after orgasm may expel all the semen by spasmodic muscular contraction; such women have usually an orgasm so intense that it is both painful and exhaustiv, and not infrequently the muscular spasms are followed by nervous collapse that may last for several minutes. Only artificial impregnation will succeed in this class of cases, and the manipulations of the physician in the act of injecting semen into the womb must be so delicate as not to excite the slightest erotic desires on the part of his patient, for any condition approaching orgasm would result in expulsion from the womb of the semen injected. I give you these experiences because I believe a part of them cover ground new to many of my brethren, and I beg of them not to overwhelm me with private letters. Let THE MEDICAL WORLD be our medium of communication. S. E. McCULLY, M.D.

Topeka, Kan.

Determination of Sex.

Editor MEDICAL WORLD:—That certain questions will continue to interest mankind so long as they remain actually unsolved need hardly be asserted. Just how much good may be derived from discussions as to the determination of sex remains an unknown quantity. From men devoted to the science of life these theories may be productive of good; not that they will ever bear fruit, for nature laughs at some of our efforts, and I have no doubt she indulges in wide smiles when attempts are made to fix things beforehand; but these discussions are instructive. I claim no originality in what views I shall attempt to bring to your notice on the subject, but do claim to have reasoned and studied to support these views. Believing that the smaller lights often penetrate where the larger ones only cast shadows at times, I beg to differ from Dr. Waugh, feeling that the difference of opinion will furnish something of interest, even if amusement be afforded.

We know that to continue the race of men or animals, males and females must be created; and when we leave the idea of an allwise Creator actually directing man's efforts, holding him in the hollow of his hand, controlling his destiny, and seek for more specific causes in nature, I take pleasure in defending a theory, until I am convinced it can almost be called a fact, easily asserted, safe to promulgate, scientific as any, but alas, difficult to put in practise when thought to be needed, for it is simply the workings of nature, and you know that nature is jealous.

The true determination of sex is the sexual power of the male or female at the time of coitus. If on sexual intercourse the male assert his strength and power as a man, fully throwing his whole strength and soul in the act, and the woman is not his equal as to sexual enjoyment and power, the result of the engagement will be a male child. Note that few men acknowledge any weakness sexually except to the doctor, and few women will admit even to the doctor that they have much or any desire for sexual intercourse. How triumphant the air of the man, be he educated or ignorant, when his wife presents him with an heir; there is a feeling that as a father he has acquitted himself well.

Observe the explanations when the first born is a daughter, the reply being that it takes a man to beget a girl, a girl much

preferred, etc. The father of boys seems to think that no explanations are necessary, for he has fully displayed his manhood, and perhaps growing careless, daughters follow.

Of the illegitimate children born, the majority are boys; why? The reason is plain enuf. At the time of the sinning there is less remorse in the conscience of the man; he is the aggressor nine times out of ten, hence he controls the sex.

That a man is apparently weakly is no evidence of his sexual power being frail; rather the reverse. A large, handsome woman can be easily swayed and overcome by a pocket edition of a man; again, a large, handsome, healthy man may be so careful of a small, delicate woman that at the time of creation he may find more life in the precious little parcel than was ever dreamed of.

The African warrior tale only supports my theory; these warriors when making an attack are in the best of condition, elated by victory, maddened by blood; they are at their best or worst sexually; the women are frightened and terror-stricken; no wonder that the result of such intercourse is boys; the man is the power, the woman no heart to produce daughters.

The master and slave problem is much easier. These haughty Arabs cared little for the slave women; they had entire control, and with a little kindness to a woman favored, who being of lower intelligence, no doubt surrendered herself willingly, and she really governed the sex.

As to the Schenk theory, sugar is a heating food; possibly it stimulates the female, causing her to assert her animal passions more than she would without it; the same results again. I have been informed that sugar and fats are favorite diets for the harem; and it may also be noted that the births of sons are events of joy, showing that there must be many daughters born in these places of pleasure.

Old men are successful in the begetting of boys; this is not so much from their power sexually as it is to the natural repugnance a fresh blooming girl feels when joined sexually to an aged man. She can respect him as a father, or dread him as a Satyr; feel toward him as a lover, never.

When animals are mentioned, the facts remain the same. If a well bred stallion continuously serve mare after mare, there will be quite a crop of mares; but let him

perform his part reasonably, and there will be a division. In the case of manufacturing mules the same applies; the Jack is played for all he is worth; result, large consignments of mare mules, which by the way is fortunate for they are greatly in demand.

I regret that I have no remedy to offer to those parents who are not happy over the way nature arranges these matters. If one family has a large crop of boys, another family is blest with the sweetest, and dearest of all things, a nice lot of girls; so no remedy is needed after all.

Atlanta, Ga.

M. T. SALTER.

A Report of Three Cases of Surgical Abscess Successfully Treated With the Aspirator.

Editor MEDICAL WORLD:—Case 1. A two-year-old child, white, healthy parentage, fell or rolled down the flight of front doorsteps, bruising left hip so severely as to cause a large abscess to form in region of hip joint. Inflammation consequent upon the development of abscess produced a low, continued form of fever, diagnosed and treated as typhoid by an eclectic for three or four weeks prior to my first visit to patient. After careful physical examination taken with history of case, I diagnosed abscess of hip. Patient's condition was such that I did not feel warranted in treating it by the open method. Aspirated and drew off one pint of thin, sanguinous pus. In one week pus sac had refilled. Aspirated again, and afterward injected tr. iodine sol. 5 per cent.; left about 2 ounces of iodine sol. in sac. Result, abscess healed rapidly and child was walking around the house with good limb in ten days. Has remained well ever since—ten years ago. Internal treatment, supporting.

Case 2. Mulatto girl, 11 years old, scrofulous diathesis; small for age. For six weeks before I saw patient at her home in the country she had complained of severe pains in right femur, in middle third. On inspection, found right limb enlarged one-third, between the knee and hip; more bulging on outward surface. Could not make out any pus formation at this time. Temperature range 100 to 102½°; highest in afternoon. Patient was placed on nutritious diet, tonics and digestives; poulticing applied to inflamed limb over swelling. Six days after my visit, patient was brought in from the country on a mattress, in a wagon, to my office. Pus

was detected in middle third of thigh, on outer aspect very deep. Diagnosed scrofulous periostitis. Aspirating needle was introduced, deep down, quite to bone, and drew off two ounces of pus. Injected tr. iodine gtt. v, carbolic acid and gum camphor each gr. v, in oil. Manipulated the pus sac well, but tenderly, after injecting the above. Sent patient home. Was brought back to me on crutches in two weeks. Some reformation of pus in same cavity. Aspirated again and injected twice as much of the above-mentioned oily preparation. Result, permanent cure now, after four years.

Case 3. Pelvic abscess in left groin, in region of left ovary, in colored woman, married but no children. Sick for four weeks previous to my first visit. Introduced aspirating needle cautiously thru abdominal wall into peritoneal cavity; pus flowed to the amount of three ounces; very foul smelling and thick; could not empty sac entirely owing to the extreme thickness of pus preventing flow thru needle. One week afterward sac had refilled tight; threatened rupture thru abdominal wall. Aspirated again, this time drawing off some six ounces of very foul smelling pus. Injected the following:

R

Tr. iodine	3ij
Formaldehyde	gtt. x
Glycerin	3vi
Aquae	q. s. 3ij

M. Ft. sol. Sig.—Inject three ounces.

Removed most of this by aspiration, after allowing it to remain for five minutes in sac. Did not manipulate at all. No reformation; fever left and patient began eating heartily the next day after operation, and felt well enuf to get up in a week afterward.

Care should always be observed not to allow air to enter pus cavity. These cases had the most unsalubrious surroundings, and surgical intervention by approved methods would have been impracticable.

Albany, Ga.

W. P. RUSHIN.

Treatment of Tonsillitis.

Editor MEDICAL WORLD:—I was particularly interested in the treatment for tonsillitis given in the May WORLD by Dr. W. E. Johnson and also that given by Dr. Collins (pages 187 and 188). I had a case this spring that I took more than a common interest in. It was one of the slowly developing, boggy types of this

trouble, with intense swelling of tonsil and the posterior part of mouth, and also externally extending from the ear downward. After trying nearly every remedy thought of, I began painting the tonsil with tincture belladonna every two hours, and applied the ice-bag to the outside, leaving it on for two hours with intermissions of three hours, and cured the case in twenty-four hours. I don't know that this treatment will answer for all cases. I am certainly encouraged to use it further.

Redwood, N. Y. E. E. EDDY, M.D.

Treatment of Inebriety.

EDITOR MEDICAL WORLD:—I have been interested in noting what physicians have to say in your journal with reference to inebriety and its treatment. Experience has taught me that inebriety is a disease. We may quibble over technical terms and split straws over the precise definition of appetite, desire and habit, but the fact remains that the confirmed liquor drinker is not like other men. He is not in complete health. He is the victim of an abnormal diseased craving, so fixt, so strong, that despite tears, prayers, curses, resolutions and even prison bars, he will indulge and go on to utter ruin, unless it is checked or removed. This may not constitute a disease, but it is a very real condition, and the cause of much suffering and pain to the victim, to say nothing of the sorrow and anguish of those to whom he is both near and dear.

Personally, I am opposed to the free use of the hypodermic needle in the treatment of inebriety. After careful investigation, I have satisfied myself that this method is responsible for nearly all the "lapses" following treatment in the institutes or drink cure establishments. The nervous system is keyed up to the highest limit by the constant succession of needle shocks; little wonder that the patient misses the stimulus of the "shot," and seeks to satisfy its loss by indulgence in alcoholics. The sudden withdrawal of the needle treatment and the sending of the patient out into the world without support, medical or otherwise, is fraught with danger. The man feels helpless, lost; and, unless aid is forthcoming to tide him over the period in which nature seeks to restore the system to normal tone, he is bound to fall.

My method of treatment is entirely different: I use a preparation composed of a strong fluid extract of cinchona rubra,

concentrated extract *avena sativa*, strychnin nitras and tincture capsicum, eight ounces of the first, adding the others as indicated with reference to age, temperament, dosage, toleration of the different drugs, etc. In the past fifteen months I have treated 221 cases, with but three failures reported; the first misunderstood the directions but was afterward set right; the second pretended to take the medicine but threw it away instead, and the third looks at present writing like a real failure.

Many physicians have written "sassy" letters to me because of my failure to furnish them with what they style an "exact formula." It is hard to make physicians understand the point made clear by Dr. De Nike in your March number, to wit: "It is a difficult thing to give a full detail of any treatment, as the cases met with are so different," etc. This is very true. For instance, one patient tolerates with ease $\frac{1}{16}$ grain strychnin four or five times a day; another flies off at a tangent on $\frac{1}{16}$ th grain; one man can stand 30 gtts. *avena sativa* three times a day, and the next one becomes intensely nervous on one-half that quantity; and one old drunkard takes 20 drops tincture capsicum to the dose without blinking, while the stomach of the recent drinker revolts at 3 drops. To be successful in the treatment of inebriety requires a wide knowledge of human nature, a nice discrimination in the handling of men and a keen sense in the application of remedies to the individual.

The first step must, of necessity, be the checking of the desire for drink, otherwise we have a more or less intoxicated patient on our hands in the early stages of treatment. This is something I never allow. Absolute withdrawal of alcoholics is my rule. By the frequent use of the remedy, say a dram every three hours for four or five days, the appetite or desire for drink is gradually, yet surely overcome, whether the patient be a new or an old drinker. The cinchona is a powerful anti-alcoholic, as well as a superb tonic; strychnin, in modified dosage, serves as a nerve stimulant; *avena sativa* is a nerve feeder as well as a sedative; capsicum quickens the blood, tones up the stomach, relieves drink-crave; the whole blended form the, to me, ideal mixture for the cure of inebriety. In early treatment intense thirst is created; I advise the free use of cold water, the natural, the perfect elim-

inant of the alcoholic taint. The night before beginning treatment free catharsis is induced by the use of Epsom or Rochelle salts; this course is pursued every third night for the first three weeks. In addition, a sponge bath, tepid water, tri-weekly or oftener, as indicated; regular hours for retiring as well as rising; graded out-door exercise, nourishing foods, and the process of support as well as elimination is kept up along absolutely rational as well as scientific lines. At times unforeseen conditions arise; then comes auxiliary medical treatment of course. In such cases no hard and fast rule can be laid down; each patient is different, in a measure, from the other—the doctor on the spot is the best judge as to what to do.

The preparation of the base of my remedy (*cinchona rubra*) requires a deal of care. It takes five days' time, and the product is a peculiar syrupy mixture; physicians who have witnessed the operation understand my method clearly, but it is difficult to make it plain in print. One thing is certain: it is entirely different from the solutions put forth by the chemist; and it must be made just right to prove effective. The commercial preparations will not serve at all. This may sound odd, but it is true. Many physicians trust me to compound the remedy for their use, and in such cases meet with the same success which attends its administration at my hands here in Newburyport.

With my treatment there is no shock, physical, mental, or otherwise. I use no laxatives other than Epsom or Rochelle salts. No change is made in the food or manner of living. If need be, the patient is at liberty to continue his regular employment. The first step is the checking of the desire for drink; then follows the elimination of the alcoholic taint, the system being supported and strengthened meanwhile along rational and scientific lines. The desire for drink is lost on or about the fourth day. In a week the patient begins to feel like himself; after that the change is rapid and most gratifying. The moment the craving for drink is at an end, hope revives; confidence is established; the haunting terror of the past has vanished; the future is sunlit. As the man comes back to normal health, the dose is gradually reduced so that, when treatment is brought to a close, he has not only outgrown the use of drink, but the use

of the medicine also. In a word, he leaves my hands healthy and free. This, it seems to me, embraces the only safe and sensible way to treat the drink habit.

I do not use, nor do I advise the use of liquor while the patient is undergoing treatment. Absolute withdrawal of alcoholics is my rule. In certain drink cure establishments patients are urged to take liquor, whereupon the physician in charge injects a drug antagonistic to it. The patient is made sick and is led to believe that the medicine is "working," whereas he has been made the victim of deception. This is unfair. It builds up false hopes of a cure; leaves the poor fellow with naught save a broken staff to lean upon. Some urge patients to test themselves after going away by tasting liquor. I tell them to let it alone. Having been made immune against snake bite, there is no sense in playing with rattlesnakes. There is less sense in toying with liquor. The saloon is a den, and alcohol a serpent that stings to death. Be thankful that you have been rendered immune against drink and give the saloon a wide berth.

CHAS. W. HIDDEN.

Newburyport, Mass.

The Editor wrote the Doctor for details in making his fl. ext. *cinchona rubra*. His reply was as follows:

Dear Doctor:—I make the *cinchona* by percolation, using the ground bark (Powers & Weightman brand). It must be watched with care, for just on the turn, if such phrase be allowed, the fluid comes forth in the form which, experience has taught me, will alone serve the purpose; the least carelessness and the mass becomes gelatinous, causing a loss of material, time and money. I worked at odd moments for a period covering six years before I hit the right combination. This has an odd sound, I know, but it is true for all that. It is simply an instance in which the painstaking originator is able to produce qualities unknown or overlooked in the hurry of commercialism.

CHARLES W. HIDDEN.

[Yes, this has an "odd sound," and it also smacks of "commercialism." It seems that the fl. ext. *cinchona rubra* is a menstruum for the other remedies, which vary so widely in dose. It is difficult to see, then, why the fl. ext. *cinchona rubra* should necessarily be made by Dr. Chas. W. Hidden, of Newburyport, Mass.—Ed.]

Treatment of Cancer.

Editor MEDICAL WORLD:—Having had pretty sad experience in the treatment of an epithelioma on my ear, owing to conflicting ideas in the profession respecting best treatment, I am now ready to second Doctor A. R. Robison's recent utterances on this most vital question. Doctor Robison (professor of dermatology in the New York Polyclinic) in a recent paper says that in a majority of cases coming under the observation of the surgeon, a well chosen and thoroly applied caustic treatment yields better results than the knife; that in a certain number of cases the knife is the proper agent; that in a few cases the knife followed immediately afterward by a caustic should be used; and finally that some cases were best treated by the curette, followed immediately afterward by a caustic.

Doctor Robison bases his claim for the superiority of the caustic method on the belief that caustics, when well chosen and carefully applied, cause an acute inflammation destroying pathological tissue lying in the lymph spaces outside the general necrosive action of the caustic; and second, that arsenic has a specially selective antagonistic action on cancerous epithelia.

Acting on this conviction, after many years' experience in the New York Cancer Hospital, the Doctor unreservedly says: First, at present we know of no drug, animal extract, serum, or toxin which, given internally, by any avenue of the body, can be relied upon for the cure of cancer of any part of the system.

Second. That the statement the knife is the only reliable agent in the treatment of cancer is not correct.

Third. That caustics judiciously chosen and properly applied may attack deposits of the growth inaccessible to the knife, and in these cases should be employed even if the knife is necessary to prepare the way for their use.

Fourth. That in some cases both the knife and caustics should be used, and in some other cases curetage followed by caustics is the proper procedure.

Fifth. That the majority of cases of cutaneous cancer can be removed with the greatest certainty and the least deformity by caustics, provided they are applied before the lymphatic glands are invaded.

Sixth. That the knife should be used when the lymphatic glands are invaded,

and also in some other cases of external cancer.

It is well to note that he gives preference to arsenious acid with gum arabic, and cocain to prevent pain, and that Doctor Robison's address is 248 West 42d street, New York. JAS. H. CRAIN.

Beechwood, Ill.

The Way to "Knock Out" a Nostrum.

Editor MEDICAL WORLD:—From 1895 to 1898 I published in a local medical journal, *Therapeutics of a Country Doctor*, to the pecuniary benefit of the publishers and to those who reprinted it, but without adding anything in the line of shekels or other profit to myself as far as I could see; therefore I "swore off" on professional writing except for profit for myself. Still it is almost impossible to read a copy of THE WORLD without my fingers beginning to itch for a chance to reply to some of the many bright minds that appear in that forum every month. On page 177-78 of the May number an article by Dr. Dahlstedt reminds me that I have been up against that same nostrum that he complains of, and best of all, I have downed it! This mixture is advertised in various foreign languages, and it seems to have a particularly strong hold on people from the Scandinavian countries. There is nothing wonderful about the remedy; it is a mixture of mandrake and various vegetable alterants, perhaps with very small doses of pot. iod. in it. It is probably a good physic, laxativ I mean, and alterativ. By stimulating the liver of the first case the doctor reports, it undoubtedly helped to a reasonable cure, for an active liver remedy was just what was needed and should have been thought of by the attending physicians before.

Now, let me tell my own experience with this nostrum. Dr. D. is a Scandinavian and probably practises among that class of people. So am I, and I know how infatuated they are with that much-advertised remedy. Some years ago when I started practising in this colony I was told that if I could succeed in knocking out that remedy I would double the regular practise. I did it, but not in the way that most physicians would have done, by running it down and throwing ridicule on it. Not at all. I simply put up a similar mixture that I knew was good, sold it to all who would rather invest in ready-made

medicin at 75 cents per pint while the other cost \$1.25. A dollar looks as big to a Swede or a Dane as to anybody else; and when they found that my medicin would do as well, if not better than the advertised nostrum, they bought mine and saved 50 cents each time.

What I furnisht them was this :

Fl. ext. dandelion	5 ounces.
" " tris vers.	
" " leptandra	
" " golden seal	
" " phytolacca (green)	
" " cascara aū	2½ ounces.
" " wahoo, Mandrake et bry-	
onia.....	10 drams.
Iodid potassa	10 drams.

Oil wintergreen and oil sassafras aū ½ ounce, dissolved in 8 ounces alcohol, the extracts added, and syrup enuf to make five pints.

I am not offering the above as a model "shotgun" prescription. God knows that it is, but it did the work it was created for, it knockt the use of the much-advertised nostrum higher than a kite. Not one bottle is sold now where a hundred were before, in fact I doubt if it can be purchased at all in the colony at the present time, where three years ago probably 800 bottles were consumed annually. To be sure there isn't a great deal of profit in the mixture that I sell; not more than a few hundred per cent., but by knocking that other fellow out I became and am "it." Go thou and do likewise. Whenever you suffer from such trash think close and deep and furnish the public with something better and cheaper and it will win.

"COUNTRY DOCTOR."

New Sweden, Maine.

Hemorrhage into the Pancreas.

Editor MEDICAL WORLD:—In the May issue Dr. Bennette says: "Saw patient that was suddenly seized with great abdominal pain which continued despite all treatment, and died in collapse few hours after," etc.

The severe local pain in the upper reigon of the abdomen (he does not mention nausea or vomiting), the great shock, the rapid and weak pulse with cyanotic condition, and death occurring in so short a time, in one who has been apparently perfectly healthy, points to hemorrhage into the pancreas, a condition that is beyond the reach of drugs, and the end is always fatal unless surgery can intervene.

E. ERSKINE, M.D.

Rogers City, Mich.

An Unusual Case of Mumps.

Editor MEDICAL WORLD:—This city and county has just past thru an epidemic of mumps that presented several unusual features. The textbooks tell us that mumps is a disease of childhood. During this epidemic there were a great many adults afflicted. In fact, there were entire families down with the mumps, children and parents. There were a number of cases past middle life, even the "gray headed and infirm."

Another peculiarity of this epidemic was the large number of males in which the disease "went down," as the laity term it. I saw at least fifteen cases that were thus afflicted. Presuming that my confreres saw as many cases as I did, we must have had at least 150 or more cases of orchitis in the city.

Osler says: "One of the most remarkable features of the disease is a tendency to involvement of the testes. This most frequently occurs after the affection of the salivary glands has subsided. * * * * Orchitis is rarely seen before puberty." The last two sentences agree with our experience the past winter. I have not seen any reasonable cause advocated by the authorities why the testes become affected. The old theory of taking cold is not tenable. I saw only one case in which both testes were involved. I have never seen a case in which the mammæ or ovaries were affected. Statistics quoted by the elder Flint leave us to infer that about 24 per cent. of the cases in men are affected with orchitis. Vogel cites an epidemic of mumps in Munich, in 1857, where there was only one case of orchitis in several hundred cases. The per cent. of orchitis in the epidemic just past was high: I think 15 per cent. would be a safe estimate.

The case referred to in the title of this paper is as follows: T. P. N., aged 16, came down with the mumps March 19—both sides. He had several quite severe attacks of nose-bleed. Had several other cases that had nose-bleed. March 23 noticed first symptoms of orchitis—both sides. The morning of the 25th his father called at my office. I prescribed hyd. chlo. mit., tr. aconite and pulsatilla; locally, tr. opii., arnica and borolyptol, ad lib.; scrotum to be covered with hot flannels. Father said he was a little flighty, and had not slept well the previous night. I was called to see him at 7 p. m. of same

day; temp. 103°, pulse 100, tongue heavily coated; mind not clear. March 26, called at noon; pulse 80 and temperature normal. Orchitis much better. Had a good stool. His mind was completely unbalanced; in short, he had acute mania. Could discover no symptoms of brain or spinal trouble. Takes a very little milk and water. Has no fever. As he had not passed any urine for some time, I drew off 20 ounces with catheter. He had not slept any for thirty hours; was very restless, and talked incoherently. Gave him a hypodermic of morphin, $\frac{1}{4}$ gr., and atropia, $\frac{1}{16}$ gr. Discontinued the aconite and pulsatilla; the local applications were continued twenty-four hours longer, when the orchitis had nearly subsided. The morphin had no effect except to increase his hallucinations. His father called in the evening to report. The patient's mind was still full of all sorts of vagaries. I gave him 20 grs. bromid and a couple of calomel tablets. He did not sleep at all, and was very delirious, until I was called at 3 a. m. He was better in every way except mentally; neither could he urinate. Used the catheter again and drew off 14 ounces. He had now been at least fifty hours without sleep; he is beginning to look exhausted; is wildly delirious. I decided to remain with him until he went to sleep. Gave him $\frac{1}{16}$ gr. hyoscyamin hypodermically, and a good dose of hyd. chlor. mit. In thirty minutes he was not so noisy; gave him 10 grs. chloral, and in thirty minutes repeated the chloral and hyoscyamin. He soon dropt into a sound sleep, and slept until 9 a. m., when he awoke for a few minutes, took a little water and then dropt to sleep again, sleeping altogether nine hours. When he awoke from this fine sleep his mind was greatly improved. Had two good stools during the day. He now took water and milk freely. I called again in the evening to draw his urine. I tested this for albumin, but found none. Ordered 10 grs. chloral at bed-time. He slept all night, and when I called in the morning to use the catheter, found him in fine condition. I now decided that his bladder trouble was due to an enlarged prostate, caused by the severe orchitis. For this I prescribed niter, sanmetto and hydrangea; also gave him a tonic of syr. hypophosphites. His father called in the evening; said his son was doing well but could not pass his urine. I gave him a catheter,

which he used all right. The catheter was returned next morning, as the patient voided his urine freely. He had a good night's rest and ate a good breakfast. Patient discharged March 30.

Thus we see that in this unusual case of mumps we had as complications a severe double orchitis, an acute mania and retention of urine, due to an enlarged prostate. We were all pleased to see him make a perfect and rapid recovery. His paternal grandfather always got delirious when ill. His sister had a severe attack of puerperal insanity several years ago that continued several months. She made a good recovery and had a child since without any trouble. The family thus appears to be slightly neurotic.

In looking over my textbooks, I find that cases of acute mania following mumps is a very rare complication.

L. R. MARKLEY, M.D.

Whatcom, Wash.

A Calf with Mumps.

Editor MEDICAL WORLD:—Mrs. H., a very intelligent woman, aged about thirty, wife of a farmer, and mother of two children, is my authority for the following:

Some time in January, 1901, she and both children had parotiditis, and every day she had to milk a cow with a calf only a few weeks old, which she declares had a genuine case of mumps. She says that while milking, the calf would suck from the opposite side of the cow, and by inhaling her feverish breath and taking hold of teats she had milked with feverish hands, its jaws swelled, and when it would try to suck its jaws would become set and it would utter a pitiful bleat and let go of the teat and not try to suck again. She says it was very feverish, and after a few days got well. She firmly believes the calf had as true a case of mumps as she and the children had.

Now, how many of the WORLD "family" think this possible? I'm sure if you could hear Mrs. H. tell of it, you would take off your hat and scratch your head and think some. I have interviewed all the authors at my command, viz: Bartholow, Osler, Strumpell, Hartshorne, Smith's Diseases of Children, American Text-book on the Diseases of Children, and can not find anything on the subject except both works on Diseases of Children say that Pasteur and others have tried to inoculate dogs, rabbits, and guinea pigs

with the microbe of mumps, but all attempts were fruitless. Now, is there not a good lesson right here? Perhaps our investigating brothers would do well to experiment on the cow and horse families more. While I know it is claimed that cats will have diphtheria, a rabid dog inoculate the human, etc., we all know that the human can be inoculated with cow pox from the cow or horse; also anthrax and glanders. If the human is subject to diseases of the cow and horse, why should not the cow and horse be subject to some diseases of the human family?

I firmly believe that the germs of diphtheria, scarlatina, etc., are carried and communicated in the fur of dogs, cats, and other pets; and those of typhoid by our common house fly. I have seen the English sparrow carry to its nest in the spouting of a house, rags and bits of paper from a poorly constructed privy; also pieces of cotton carelessly tossed thru an open window after being used to cleanse a syphilitic ulcer. This is one means of polluting drinking water with the germs of typhoid, dysentery, cholera, and the Lord only knows what else. But I am digressing.

Can a calf have mumps? This is the puzzle to me now. FRANK KERR.

Bucyrus, Kansas.

Method of Performing Circumcision.

Editor MEDICAL WORLD:—As I get so much good out of THE WORLD, and recollecting that someone asked the best way to perform circumcision, I will just tell how I do it. I first cleanse the member with warm soda water both outside and inside of the prepuce. Next I apply a cord close up to symphysis pubis around the penis. I next balloon the prepuce with a ten per cent. solution of cocain, letting it remain ten minutes. During this time I inject a five-per cent. solution in four places just behind where I expect to cut: on top, bottom and on each side, having two needles ready threaded with silk thread and oiled with vaseline. I then insert the index finger of my left hand down well into the foreskin, opening it up well. Catching the mucus lining and skin well between my finger and thumb, I stretch it out, thrust a needle with thread down from top to bottom between the caput and my finger and the glans penis, and pull it thru long enough to make two stitches. I then thrust the other needle thru from side to side. Then my assistant catches the threads

and pulls them back, and I cut off the foreskin between my finger and the head of the penis. I catch my threads on the inside and cut and pull them thru; cut and tie the four stitches, which hold the skin and mucous membrane nicely together; then I only have to make two more stitches and the work is done. After stopping hemorrhage with hot water, I dress with a salve made of vaseline, one ounce, sulfate morphin, five grains, oil of peppermint, one dram. I remove stitches on the fifth day. Have it washed with warm water, to which I add two drams of listerine once a day. I never use any other kind of dressing. My patients are generally well by the sixteenth day. They never stop work; just wear loose pants. Success to my old and tried friend, THE WORLD. M. S. MOORE, M.D.

Florence, Ark.

Cure of Contracted Prepuce Without Circumcision.—Cure for Warts.

Editor MEDICAL WORLD:—Several months ago I wrote to your journal, giving a new method of treatment for pinhole prepuce instead of circumcision. My method was to drop in a few drops of a 4 per cent. solution of cocain, then bend two probes within $\frac{1}{2}$ inch of their extremities into hooks, then insert them and stretch the prepuce thoroly (which is easily done) and then retract the prepuce over the glans penis, cleanse well, and replace it again. This should be repeated every day or two; it will obviate the necessity of circumcision.

A few months after this another physician wrote precisely the same treatment, but did not give me any credit for the discovery. He may have overlooked my paper, but at any rate, I am entitled to priority of publication, if not of discovery.

Also the use of castor oil for warts was my discovery. I published the fact in the Columbus Medical Journal in 1882 or 1883. It should be applied locally for a few weeks. It is a sure cure if faithfully applied. S. C. DUMM, M.D.

Columbus, Ohio.

Congenital Syphilis.

Editor MEDICAL WORLD:—In regard to the case of the girl (page 199, May WORLD) now nine years of age, who had bronchitis at two, and who is unable to learn to read or write, I beg to say that the most important fact is not stated i. e. her mental condition

previous to her illness. I take it that her hearing is normal from the fact that she can talk, and so exclude deafmutism, as we usually find it. It seems to me that this might be chorea, or an exudation or hemorrhage in the neighborhood of the third frontal convolution of the brain on the left side. If the latter, due to congenital syphilis or from strain during the attack of bronchitis. In any event I would prescribe as follows:

R
 Liq. kal. arsenit 12
 Syr. ar. hydriodic..... .90
 Aquae qs. ad .4
 M.—Three times a day after meals in water.

First watch the arsenic for gastric pain and reduce if necessary, but I would not advise an increasing dose. If you get iodism do not give up the idea of syphilis but change to:

R
 Liq. kal. arsenit 12
 Hydrarg. chlor. mite 015
 M. S.—Three times a day after meals.

In this connection I wish to report the following case: Boy, aged twelve, had pneumonia at eight. Previous to that time he had attended school and had been like other boys. Upon recovery from pneumonia his hearing began to fail, until when called to the writer's attention he was absolutely without hearing. Examination of ears showed normal drum membranes, bone conduction normal, and aërial conduction negativ. Teeth suspicious but not positiv.

Eyes O. D. & O. S. ‡ Keratitis. Diagnosis, disease of auditory nerve, probably specific. Treatment:

R
 Kal. iodidi 45
 Three times a day after meals in water.

In two weeks the boy's hearing returned, so that he could hear a bell ring. Treatment:

R
 Kal. iodidi 60
 Three times a day after meals in water.

In three months the boy's hearing had improved so that he could return to school. The boy's mother was then directed to continue the medicin for two years and return to the clinic at least once in two months. At the last visit the boy was continuing to improve. If what I have said will be of any help to Dr. Shirk I shall be well repaid for my trouble.

Orange Valley, N. J. W. M. BRIEN.

Whooping Cough.

Editor MEDICAL WORLD:—We have been having an epidemic of whooping cough in our locality. Having treated a great many cases of said disease I thought it might be of some interest to some one of the family of WORLD readers to give my experience with said disease. Having been taught by the text books that whooping cough is a self-limited disease which must run a certain course regardless of medical treatment, and believing that the authors knew enuf not to be mistaken, I was, at first, loth to be concerned with a disease which could not be influenced by medical treatment. The first cases I saw did not come under my care for treatment until they had reached the spasmodic stage. But the epidemic proving to be a severe one, the people became aroused to the importance of securing medical attention as early as possible, and so I had the opportunity of testing the different plans of treatment during the catarrhal stage. I wish to say here that, in my opinion, it is only during this stage that we can hope to abort the malady. And my treatment during this stage proving so gratifying to me, is my excuse for writing this article. I aborted every case that came under my care during the catarrhal stage. My treatment for this stage was as follows:

I gave calcium sulfid to saturation, then continued in less amount so as to keep up the effect. I also gave hyoscyamin, atropin and strychnin in sufficient amount to keep up a constant effect. In no case which came under my care did this treatment fail to cut short the disease before it reached the spasmodic or whooping stage. No case which was allowed to progress until it had reached the spasmodic stage did I succeed in checking. The treatment after this is merely palliative, and I believe I obtained the best results with small and oft repeated doses of chlorid of ammonium, sweet spirits of nitre and glycerin in solution.

This about constitutes my treatment, or that which has proved most satisfactory in my hands. Of course, complications very often arise which require modification of any plan of routine treatment, but I have sufficiently indicated, in the above, my plan of treatment in uncomplicated cases.

DR. W. J. SEAL.

Clinch, Tenn.

Can you get us a new subscriber? Will you do so? Our circulation would be doubled if every reader would do this.

Pneumonia with Erratic Temperature.

Editor MEDICAL WORLD:—I wish to report a case that has been very interesting and at the same time puzzling to me. Was called about 4 p.m., on March 22, to see H. B., aged 9 years. Previous health good. One aunt on mother's side and an aunt and uncle on father's side died of phthisis.

Patient had had a slight chill at 1 a.m. the day I was called. At time of my visit found a temperature of $104\frac{1}{2}^{\circ}$, pulse 136, respiration 40; slight cough, no expectoration, no headache or pain. Examination of the chest revealed an engorgement of lower lobe of right lung, breath sounds diminisht, bronchial breathing, but no rales. Diagnosis, acute lobar pneumonia.

Treatment consisted of a laxativ, an expectorant mixture, bathing and aconite for fever; also put on a pneumonia jacket. When I called the next morning, found a temperature of $101\frac{3}{4}^{\circ}$, pulse 120, respiration 40. Appetite good, but limited to a milk diet. Treatment continued. He went on in this way for a few days, his temperature running from $99\frac{3}{4}^{\circ}$ to $102\frac{3}{4}^{\circ}$ until March 28, the seventh day of the disease. On this day his temperature at 9.30 a.m. was $100\frac{3}{4}^{\circ}$. At 1.30 p.m. it had run up to $104\frac{3}{4}^{\circ}$, pulse 120, respiration 38. Now here comes the puzzling part, and I will give the morning and afternoon temperature of each 24 hours for the next few days. The temperature was taken entirely in the rectum.

Date.	A.M.	P.M.
March 29.....	$99\frac{3}{4}^{\circ}$	$103\frac{3}{4}^{\circ}$
" 30.....	$100\frac{1}{2}^{\circ}$	$103\frac{1}{2}^{\circ}$
" 31.....	$99\frac{3}{4}^{\circ}$	$105\frac{3}{4}^{\circ}$
April 1.....	$99\frac{1}{2}^{\circ}$	$104\frac{3}{4}^{\circ}$
" 2.....	$99\frac{1}{2}^{\circ}$	104
" 3.....	$99\frac{3}{4}^{\circ}$	$105\frac{3}{4}^{\circ}$
" 4.....	99	$104\frac{3}{4}^{\circ}$
" 5.....	$99\frac{3}{4}^{\circ}$	$105\frac{1}{2}^{\circ}$
" 6.....	$99\frac{1}{2}^{\circ}$	$100\frac{3}{4}^{\circ}$
" 7.....	$99\frac{3}{4}^{\circ}$	$102\frac{3}{4}^{\circ}$

On the 8th, 9th, 10th and 11th it was normal all day.

All this time the pulse and respiration kept pace with the temperature. He had a slight cough, some mucoid expectoration, slept well and had a good appetite, if we had allowed him to eat. He showed considerable emaciation, but no dejected countenance. His tongue was clean, and after the initial chill he had no more. There was slight sweating after the fever went down. The physical signs remained the same as at first until the temperature stayed down, when the dulness gradually

disappeared and the breath sounds became normal. Quinin seemed to have no effect on the temperature, altho I had him up to 10 grains a day for several days. In fact when I stopt the quinin his temperature began to stay down. I could discover no typhoid symptoms at any time.

Now was this a case of delayed resolution, or something else? What was the cause of such an erratic temperature? At one time I was about ready to say phthisis; but the boy is now well and gaining flesh. I would like very much to have opinions on this case.

Prince Bay, N. Y. E. N. SPARKS, M.D.

In regard to Dr. Waugh's remark that the *art of prolonging life* is still an unoccupied field, Dr. Geo. B. Kline, of Sligo, Pa., writes that this art consists in diet and the use of distilled water—proper diet in kind and quantity to avoid the tendency to concretions, and distilled water to dissolve concretions and prevent their forming. The exact balance of diet to precisely supply the needs, with variations for different seasons, climates, etc., is a thing difficult to attain. The drinking of distilled water to maintain health and dissolve concretions has frequently been advocated, but it has never proven successful. It seems to make the throat dry, and in its hunger for salines, it robs the coats of the stomach of these constituents. Hence distilled water, even tho it be "aerated," has never succeeded as a drinking water.

The above was submitted to Dr. Waugh, who writes as follows:

Dr. C. F. TAYLOR; *Dear Doctor*:—In regard to this interesting item I agree with the latter part. I am not in favor of distilled water, nor of sterilized milk or other patent-processed foods prepared under the idea of depriving them of living microorganisms. The fact that the human race has existed for an indeterminate period and has been fruitful, inreast and multiplied, covering the earth to a very tolerable degree on the use of foods and drinks which were not deprived of microbic elements, shows at least that the latter are not necessarily fatal. Moreover there are conditions connected with the maintenance of vitality in the human being which are by no means to be disregarded. There are elements beyond which science has not gone and probably will never go. In fact recent observations

regarding the development of rickets in children fed with sterilized milk make it probable that my impressions in this regard will eventually prove to be correct, and that too much science as based on the very fragmentary knowledge of physiology we now possess is a matter to be avoided.

Chicago, Ill. WILLIAM F. WAUGH

Attacks of Sneezing.

Editor MEDICAL WORLD:—In answer to the query of Henry R. Bell, in May WORLD, page 202, I would say that I have had a case which I have controled by examining the septum of the nose carefully with a cotton-tipt applicator. A spot will be found that is spongy and will give rise to a sneezing attack when toucht. If this point is cauterized with the galvano-cautery, it will give immediate relief. The treatment may have to be repeated a few times.

Cortland, N. Y. F. W. HIGGINS.

Editor MEDICAL WORLD:—In answer to Dr. Henry R. Bell's inquiry for treatment of case cited on page 202 of your last issue, permit me to suggest: This is a very uncommon case, and at the same time interesting. Such cases are, I think, usually connected with a hay-fever or a neuralgic condition; or may possibly arise from a reflex origin in persons of a nervous temperament. The case referred to is probably due to a sudden exposure to sunlight, on arising, and to either smoke or dust in the barber shop, owing to the usual custom of men smoking while awaiting their turn.

Treatment:—I would suggest a more careful examination of the nose and laryngeal passages, to look for sensitiv spots. John N. MacKenzie says: "The mucous membrane may be sensitiv to the touch, especially in the vasomotor sensitiv areas, it may be pale and somewhat swollen, or of a pink or red color, and not swollen." Mulhall compares the different appearances of the nasal mucous membranes under the vasomotor disturbance to that of the face of one under the emotion of anger; one person's face may be pale, and the other will be flushed. If sensitiv spots are found, use the galvano-cautery, or some vegetable astringent, such as tannic acid, or some anodyne preparation containing morphin, menthol, iodoform; or suprarenal extract

may be used. Sprays of some bland oils, such as olive, or mucilage of acacia may give results. Would be pleased to hear from the Doctor as to success of case.

Westfield, Mass. FRED. P. LOWENSTEIN.

Empyema of the Antrum.

Editor MEDICAL WORLD:—I notice in the May issue of THE WORLD, a letter from Dr. Goodman, of San Francisco, giving his experience with "Empyema of the Antrum." I wish to make no comments on his diagnosis or treatment, but just wish to relate my own case, which is only sufficiently different from the Doctor's to give a somewhat wider application to his article. In April, 1895, as well as I remember, I suffered from a carious tooth, and on account of exposure of the nerve, and excruciating pain on contact with water or any article of food, decided to have the offending molar extracted. There being no dentist in our little town, I had a physician here to try his hand, and he only succeeded in twisting it off on a level with the gum, leaving it in a worse condition than before. The next day I went to a neighboring dentist, who extracted it, a root at a time, till we thought he had it all. I discovered that the floor of the antrum was opened, but thought it would heal readily, so paid no attention to it further than to cleanse it as well as possible for a few days, and as it seemed to have closed, or nearly so, thought no more of it for some time. I think it was in July following when I began to notice a dull pain in the region of the antrum, which gradually grew worse till relieved by the escape of a quantity of grayish-green pus from the nostril.

I then examined more closely, and discovered that there was a sinus leading into the antrum, thru which, by using some force, I could, with considerable pain, introduce a small silver probe. I then noticed that the probe came away blackened, I presume by the action of sulfuretted hydrogen, of which the pus bore strong olfactory evidence.

I opened the sinus thru the gum till I could inject the antrum, and began afresh to try and cleanse it with boracic acid solution, hydrogen peroxide and every thing that I could think of or hear recommended, but all to no purpose. It steadily grew worse, and, from painful periods followed and relieved by the flow of pus, the pain and discharge became almost continuous till

at times I was almost ashamed to appear in society on account of the aforementioned odor. On any exposure the whole train of symptoms would promptly grow worse, till in the winter season I dared not shave, on account of the effect of the cool wind on the skin, thus rendered especially susceptible.

This course of affairs continued for about two years, with all its distress and weakening effects, till I had to abandon my practise; was in bed a part of each day. I now suspected necrosis of some part of the bone constituting the walls of the antrum, and accordingly consulted a surgeon of some prominence. He probed and hunted for the offending object, but was no more successful in locating it than I had been. I insisted upon the antrum being opened by trephining thru the cheek bone, but he refused to take steps so bold unless he could discover the cause of the trouble, but insisted that I keep on my course of trying to clean out and keep clean the cavity. I was tempted to try the use of morphin to allay the suffering, but fortunately it would give no relief at all, and only added the most distressing nausea to my sufferings. Possibly it may seem strange that I should say "fortunately," but I think it was extremely fortunate, for I might have become addicted to the use of the fiendish drug if it had acted kindly. The pain was the most intense that I have ever had to endure.

The discharge increast and became mixt with blood, and would form crusts at times, when not too profuse to admit of its drying. Finally I felt what I supposed to be a very large crust, and I attempted to blow it out of the nostril. It proved rather hard to dislodge, but at last I succeeded in snuffing it backward thru the posterior nares with such force that it was with difficulty that I arrested it in its downward course before it reacht such a point as to render a tracheotomy highly probable. And what would you suppose it was? Nothing more nor less than a root of that first molar tooth! It measured in length seven-sixteenths of an inch, and at the broad end three-sixteenths.

The progress of the case from this point on was satisfactory and without features of interest, except that it was a matter of great interest to me to know that I was getting well. There was no more severe pain, and the discharge gradually ceast, till within a month from the escape of the

root of the tooth I felt myself entirely well, and so remain.

Now, this does not answer Brother Goodman's question, but it indicates clearly that dental operations *may* produce trouble of this nature, but the weather also was a great factor in my case, as evidenced by a more severe attack if I but shaved when the weather was cool.

I have only recently become a reader of THE WORLD, but find many good things in its pages. I think the reformed method of spelling is coming to stay, but as I am not sufficiently "onto" the method, I have probably left a great task for the Editor. Will not be so bad again soon, for I am not much of a writer for journals anyway, and before I think of anything else to write I will probably have had time to learn to spell. W. J. KING.

Caulksville, Ark.

[The Doctor needs only to *unlearn* some of the most atrocious features of the dominant method of spelling. For example, suppose we had always written *tho*, and some one would come along and say we should write it *though*; what would we think of him? We hope that all our readers will read carefully every month or two the standing announcement concerning spelling in small print on the first editorial page, and call the attention of "backward" teachers and editors to it. That this movement will soon become general is absolutely certain. Is it not better to be a leader than a laggard?—Ed.]

Saliva of Rabid Dog Is Infectious Before Appearance of First Symptoms.

Editor MEDICAL WORLD:—In the April number of your journal, page 165, one of your readers, Dr. Jesse Ewell, of Ruckersville, Va., askt if the saliva of a rabid dog would be infectious three days before the development of the first symptoms.

From numerous experiments made at the Pasteur Institute, in Paris, Roux concluded that a rabid dog may transmit hydrophobia *three days before showing any symptoms of the disease*. At this Institute, similar investigations led to the same conclusion. The average period of incubation of rabies in dogs varying from two weeks to forty-five days, it may easily be conceived that the virus is present in the salivary secretions several days before death in the instance given by the Doctor (five to nine days), and, therefore, three

days, rarely four, before the animal shows any signs of the disease.

The additional information which you gave your reader was perfectly wise and correct. As to the efficacy of the Pasteur treatment, I may add that among 1500 cases treated at the New York Pasteur Institute since 1890 we have lost only 9, or 0.6 per cent.

GEO. GIBIER RAMBAUD, M.D.

Director Pasteur Institute, New York.

Typhoid Fever and Its Antisepto-eliminative Treatment.

Editor MEDICAL WORLD:—All essential fevers are idiopathic. They are not symptomatic of some other disease. They constitute disease *sui generis*.

Typhoid fever is a type of essential fevers. It is an infection common to all countries. Its death-rate has always been high, but modern methods of sanitation and treatment have robbed it of many of its terrors.

The etiology of typhoid fever invests the whole subject of sanitation with immense importance. The use of infected water, contaminated food stuffs, and the inhalation of foul air from sewers and cesspools form the chief producing causes of the disease, which annually numbers among its victims many of the rarest spirits of our own and of other lands. Prophylaxis is the watchword of the profession whose highest function is to prevent disease.

The germ theory need not be discust in this paper, which is intended to be practical rather than theoretical.

Symptomatology.—The prodromal symptoms are headache and malaise, with a loss of appetite and interest in surrounding events. The onset of the fever is gradual, with a progressively higher temperature each day till the maximum is reached. There is no intermission, but a quite perceptible remission of fever which occurs generally during the night and early morning. This difference is usually from one to two degrees. Epistaxis is frequent and so are rose-colored spots on the chest and abdomen; but these are not genuinely pathognomonic. Sordes accumulate on the teeth, and in some cases intense nervousness is developed. If treatment has been delayed, subsultus tendinum may occur, with marked tympanites and delirium. Diarrhea is oftener present than otherwise, with gurgling in the right iliac fossa. Inflammation of Peyer's patches,

enlargement of the mesenteric glands and spleen are general concomitants of this fever. That the mind is darkened is seen in the aimless wandering of the hands, the muttering of the lips and the vague fancies which the patient now and then expresses.

Treatment.—The patient should occupy as large and airy a room as possible. One with openings to the east and south is suitable, or a suite of two rooms with a south front, the patient occupying them alternately. When the sun's rays are pouring on the western apartment the patient is snugly ensconced in the east room. Two beds can be used and the clothing kept scrupulously clean. The dejections are received in a chamber containing milk of lime, which is easily made after the following formula:

R

Chlorid of lime 2 pounds
Water 1 gallon

Mix and put half a pint in the chamber and place under the bed ready to be used when needed. The contents of the bowels are always to be deposited in a vessel containing this solution. The evacuations are to be disposed of immediately by burning or burying and the utensil made perfectly clean, and containing the milk of lime, is again to be deposited under the bed. If only one apartment is available, an additional disinfectant may be brought into use. One teaspoonful of carbolic acid to a pint of water may be used to spray the walls once a day. On the first day of the treatment a hot bath may advantageously follow a warm water enema, when clean linen should be donned. Every day is none too often to use these accessory means. While it is important to make an early diagnosis, fortunately the initial treatment of typhoid fever is suitable to other forms of continued fever. It is important that the bowels be thoroly evacuated, the secretions and excretions aroused, and elimination by all the enuntories encouraged. Consequently on the first day I give of the following formula, or some modification of it:

R

Calomel gr. ij
Bicarbonate of soda gr. x

Mix, triturate well, and make ten powders. One powder every hour. Frequently the beginning dose should be larger

than that prescribed above. Early the following morning a choice between quick purgatives is in order. If there is no contraindication in the particular case in hand, one of the best is the conventional dose of castor oil and turpentine; but not as is sometimes advised, in small doses; rather administer a decided dose of from one to two tablespoonfuls of oil and eight or ten drops of turpentine. The second day have the patient take regularly from two to four grains of the sulfocarbonate of zinc every two hours, alternated with the following modification of the Woodbridge formula:

R

Calomel	$\frac{1}{8}$ grain
Euonymin	$\frac{1}{8}$ grain
Guaiacol carbonate	$\frac{1}{8}$ grain
Menthol	$\frac{1}{8}$ grain
Thymol	$\frac{1}{8}$ grain

The above ingredients form one tablet which is pleasant to take and quite efficient in its action. With this combination, and the zinc salt alternated, the alimentary canal is speedily disinfected, the stools deodorized and the fever mitigated. Of euonymin, Organic Materia Medica says: "The experiments of Rutherford have fixt this drug as one of the most direct cholagogues in the materia medica. It is also tonic, alterativ and laxativ, and is especially indicated in hepatic derangements, whether accompanying or preceding intermittents, or occurring independently of malaria. In constipation due to hepatic torpor it is highly recommended. It is not nearly so active an irritant of the intestins as podophyllin." Euonymin is the equal of podophyllin as an hepatic stimulant, superior to it in tonic properties, and does not irritate the intestins. It may be given thru successive days without contraindications, as it serves to tone up the system rather than to debilitate it. I have been using this combination for some years now, and I have the first case of salivation to see from its administration, tho its range of applicability to disease is wide. This statement is not to be construed, however, into an affirmation that the above tablet under certain favoring conditions will not produce ptialism.

To control the fever the patient is to be systematically sponged with tepid or cold water as he may prefer. If the case is seen somewhat late, with high fever and distressing headache, we have come upon

a condition in which we may safely and beneficially use a coal-tar antipyretic:

R

Acetanilid	gr. iiij
Citrate caffein	gr. ss
Bicarb. soda	gr. v
Mix.	

Administer and repeat in thirty to sixty minutes. With cold water applications to the head, the patient should be comparatively comfortable in an hour, when the regular treatment may be vigorously proceeded with. If the zinc salt proves to be constipating to the bowels, resort may be had to the sulfocarbonate of soda in five grain doses every two hours. After a few days the dose may be lessened, and for an agreeable change given in solution with water and an equal quantity of listerine. Now and then a stomach is found which is predisposed to nausea; in such cases echinacea may be substituted for the sulfocarbonates, giving ten drops in water every two to four hours. If the principal pain complained of is seated in the limbs and back, salicylate of soda helps to bring relief. If the joints are involved and the patient is seen while he is yet able to undergo the fatigue, he is given a vapor bath and well massaged with the popular salicylic acid-lanolin unguent. Under the above treatment patients that are seen early in the disease do not develop the distressing symptoms which have caused typhoid fever to be attended with so great mortality.

Every man, sick or well, possesses characteristics peculiar to himself. These idiosyncrasies must be taken into account by the physician who would succeed in practise. No hard and fast therapeutic rules can be prescribed as the invariable treatment to be pursued in every case.

Diet.—A very important question is, what shall the patient eat? It is the part of wisdom to take a hint from nature and suspend the giving of food during the first few days when its mere mention excites loathing. Food will not be digested at this time, and it interferes with the appropriation of the drugs administered at the very time when their action should be unhindered in order that the entire course of the disease be modified. The fermentation of food in the alimentary canal is sufficient of itself to set up a troublesome diarrhea. Only a few days of proper treatment is requisit to clear the bowels of offensiv accumulations and render them

aseptic. One of the things entering into the idea of "proper treatment" is the question of alimentation. When and what to disallow ranks in importance with what is to be allowed as food. After a few days of rest, during which the stomach has been laved with pure water, the processes of digestion and assimilation begin to be aroused. At this juncture there is a slight return of appetite. Now fresh milk and lime water, buttermilk, or creamed coffee combined with malted milk will be relished, and they will do the patient good, because there is an approach to the normal activity of the functions. The water supply must be pure and cold. If there is the least suspicion, boil and cool it. If the taste is objectionable, add ten grains of boric acid to each pint of sterilized water. I also allow lemonade freely during the entire course of the disease. Strained soups, gruels, rice and chicken water, broths, beaten white of egg sprinkled with sugar flavored with nutmeg or any desired relish, oranges, soft peaches, meat juice and light puddings made of corn starch or tapioca are administered judiciously. Intervals of from three to six hours may well be allowed to elapse between periods of feeding.

I have said nothing of special tonic treatment, for the reason that cases seen in good time need scarcely more than the tonic effect of systematic feeding. I am fond, however, of giving during early convalescence from $\frac{1}{2}$ to $\frac{3}{4}$ of a grain of strychnin arsenate. This is a wonderful systemic vitalizer. It goes without saying that any indicated treatment, tonic or otherwise, must be given, whatever the stage of the fever.

Following are a few cases in practise: James D., thirteen years old, drowsy, head and backache, no appetite, temperature $102\frac{1}{4}^{\circ}$ F., when first seen. Gave calomel triturate every hour until six doses had been taken. Followed this in two hours with a purgative dose of equal parts by measure of sulfate of magnesia and sulfate of soda.

Second day.—Temperature $103\frac{1}{8}^{\circ}$ F. Ordered tepid sponge baths. Bowel movement unsatisfactory; scant and no bile pigment observable. Continued the triturate, and ordered a hot water enema to be given an hour after the last dose. Also put the patient on sulfocarbolate of zinc, two grains every two hours.

Third day.—Temperature 104° . Dis-

charges bilious. Gave a dose of the acetanilid mixture and left another to be given in an hour, after which patient was put on euonymin tablet, one to be given every two hours, alternated with the sulfocarbolate of zinc.

Fourth day.—Temperature 104° . Repeated the acetanilid mixture; the second dose not needed. Continued treatment, but as the bowels moved tardily, displaced the zinc with the soda salt. Meanwhile the colon received a daily flushing with a quart of hot water containing six drops of creolin.

Fifth day.—Temperature $103\frac{1}{4}^{\circ}$. Same treatment continued.

Sixth day.—Temperature $102\frac{3}{4}^{\circ}$. Same treatment continued.

Seventh day.—Temperature $102\frac{1}{8}^{\circ}$.

By the eighth day the thermometer registered only 101° . The tablet was discontinued, except at bed time, when two were given. A two-grain solution of sulfocarbolate of soda every four hours was prescribed, alternated with strychnin arsenate, $\frac{1}{34}$ th grain every four hours. The medicated enemata were continued. Patient's appetite was fairly good from the fifth day, and on the morning of the eleventh day the temperature was normal, with a slight evening rise for three days. Patient discharged on the fifteenth day.

CASE No. 2.—Female, age twelve. Treated much like the above, except that the higher range of temperature called for freer use of cold water. The thermometer registered 105° F. on two successive days, but on the morning of the fourteenth day the body heat was found to be normal. There were no sequelae in either case.

During an epidemic of typhoid fever, when I was treating five cases at the same time, I made some observations that impressed me forcibly. Four of these cases were inmates of the same family, the parents unused to nursing and the surroundings were forbidding. These patients all manifested the graver symptoms of typhoid fever, such as delirium, picking at the bed-clothes, subsultus tendinum, tympanites and diarrhea.

Not more than a mile distant I attended a young lady of fourteen, whose preliminary symptoms were similar to those of the four. She had substantially the same treatment as the others. But here the lines begin to diverge. Her nursing was ideal. She was attended by her mother and grandmother, who were

experts in the sick-room. She occupied a well-ventilated room, had her body and bed-linen changed every day and the blankets and quilts sunned. She was discharged on the eleventh day, while the earliest convalescence of any of the four was twenty-seven days, and that one the last to be sick. By this time the parents had learned something by their experience with the other three. The first one was abed six weeks and made an unsatisfactory recovery, being left with an enlarged and stiff ankle, which required fomentations, liniments and massage, together with two weeks more of time to reduce it to its original proportions and restore its lost flexibility.

I make some deductions:

1. The importance of sanitation, both as respects prevention and cure, is emphasized by the foregoing.

2. The necessity of intelligent attendants is imperative.

3. The field open to the trained nurse is ample and inviting.

4. Parents, by virtue of their relation to their offspring, are under high obligations to study the subject of the general management of children.

5. With competent nursing the antisepto-eliminativ treatment of typhoid fever will undoubtedly abridge its duration, relieving the patient of the extreme tension, to which the old plan of "letting the fever run its course" subjected him, and consequently saving many from an untimely death.

JOHN F. NEAL.

Georgetown, Tex.

Incompatibility—Vaginal Suppositories.

Editor MEDICAL WORLD:—Dr. Hart, Eddyville, Iowa: Please see page 384, MEDICAL WORLD, 1890; also pages 141, 150, and 207, MEDICAL WORLD, 1889, *in re* incompatibility of acetanilid and sp. aeth. nit. In 1888 I had a sad experience with these incompatibles, but the fatal result was interrupted by stimulation with sp. vini gal.

Vaginal Suppositories: I make according to formula obtained several years ago from MEDICAL WORLD. The formula is that of Dr. Walling. They are composed of ext. hyoscyamus, antifebrin, saccharum lactis, acid tannic, starch, zinc sulfo-carb. (in small quantities). When properly mixt with dry starch I mould in desirable shape by the use of boiled starch. When

dry they possess the properties of quick disintegration and solubility.

Stirling, Ont. J. H. SPRAGUE, M.D.

Pharyngitis and Tonsillitis.

Editor MEDICAL WORLD:—You say you want "young blood," so here goes: I've been practising eight months and have had an unusual number of cases of pharyngitis and tonsillitis.

Pharyngitis: Calomel purge first. Local applications of a ten per cent. solution of nitrate of silver every third day in acute cases and once a week in chronic. An alkaline and antiseptic gargle must be used in the intervals between the applications. This treatment always cures.

Tonsillitis: In the acute cases, when tonsils are much swollen and the palate much inflamed, free incisions are made, followed by the local applications, as in pharyngitis. In mild cases the following is excellent:

R

Tannic acid gr. xx

Water

Glycerin aa ʒi

Sig.—Mop throat three or four times a day.

This treatment is not original with me; but those who have not tried it will be very much gratified if they do.

Boykin, S. C. J. T. HAY, M.D.

Chronic Ulcer of the Leg.

Editor MEDICAL WORLD:—Chronic ulcers of the leg are kept from getting well by poor circulation. What you apply don't matter much, improve general condition of patient, keep the ulcer clean and pure, and better than elastic stocking is bathing twice a day in soothing antiseptic lotions as hot as possible; apply soft old cloth saturated with benzoated ointment and enuf carbolic acid to control pain, say 2 to 4 per cent.; begin at toes and apply a bandage as tight as possible to knee. As nutrition improves, if necessary, stimulate granulation by insufflating with one of the following: boric acid, iodoform, aristol, etc.

CONRAD E. COOK, M.D.

New Iberia, La.

Treatment of Erysipelas.

Editor MEDICAL WORLD:—The old universal remedy, muriated tincture of iron, I must say has never given me very decided results in the above named disease. I place more reliance upon quinin than any other single remedy. I give quinin

freely in the cases with periodicity in fever. I have sometimes given from three to four grains of quinin every hour for twelve or fourteen hours, then the same dose at longer intervals, with the best results. After from twelve to twenty-four hours the violence of the symptoms has past and the patient becomes convalescent. I believe that, in many cases at least, an attack of erysipelas can be cut short by appropriate treatment.

For a local application to prevent the spread of the disease, I have more confidence in a strong solution of nitrate of silver than any of the remedies that I have seen mentioned. I use in some cases a solution of sixty grains to the ounce of water.

Hutsonville, Ill. J. B. CATO, M.D.

Impotence.

Editor of MEDICAL WORLD:—Having noticed an article in your last issue, by Dr. A. H. Noon, entitled "Loss of Virility," I take pleasure in trying to answer the Doctor as to the cause and treatment of the affection as best I can. First, I think the doctor should inform us if his patient has had any venereal disease, and as to the family history as to nervous trouble, etc. I think the case should be classed as one of impotence, which may go so far as to lead to sterility; hence his having no children, and at the same time I doubt if the condition of his wife's parts have any significance to his case. There being different classes of impotence, namely: organic, psychical paralytic, and irritable, this particular case will find its place in the psychical variety. It will perhaps be learned that the patient has had a gonorrhea with catarrh of the bladder and prostatitis, with perhaps some inflammation of the testicles. It may further be the case that the patient lacks confidence in his power to accomplish the act, and in consequence of this nervous excitement the action of the inhibitory nerves from the brain is aggravated, and the erection fails at the time; further, if the patient was compelled to trouble; again his fear of having children born to his wife may play a part. Patients in the condition I cite above, have a cartilaginous touch to the penis, the skin lying in transverse folds; and if following a gonorrhea, a temporary paralysis of the nervous condition of the prostate

occurs, even after one has been highly potent.

Treatment:—Not infrequently it disappears spontaneously, when the mental disturbances, on which the condition depends, vanish; for constitutional remedies I find the best results with quinin, iron, arsenic, cold water bathing, and fresh air. There being in these cases merely a functional disturbance, local treatment acts best, as the object is to cause in an artificial manner by means of instrumentation and local applications, erections at a time when he thinks it is impossible for him to do so; causing erections so unexpectedly for him gives him the confidence that he can have such, and can trust his own powers. Now by instrumentation I mean the daily passing of sounds (heavy metal), "Benique" style, to be gently passed to the bladder and allowed to marry, the thought of this on his mind would have a tendency to cause his remain there for 5 to 10 minutes, which may cause an erection while the sound is in the urethra, due I believe to its action on the prostate; a cold sound or psychrophor with cold water (not iced) will act well at times, due to its effect on the hyperemic prostate.

Local applications: 5 per cent. solution argenti nitras thru an Ultzmann's syringe, or some other instrument equally adapted, or some other astringent remedy. I trust we may hear satisfactorily from the Doctor.

FRED. P. LOWENSTEIN.

Westfield, Mass.

Quinin in Labor.

Editor MEDICAL WORLD:—These remarks are suggested by Dr. Thomas H. Hammond's article in May WORLD, page 184. There may be no doubt but that quinin exerts a hemorrhagic tendency during parturition, especially if used alone and in large doses. One or two grains given with strychnin sul. gr. $\frac{1}{16}$ in slow cases of confinement otherwise practically normal, repeated once if necessary, will strengthen and hurry pains, and with other proper attention there need be no undue fear of serious hemorrhage. In my practice in all obstetric cases I administer strychnin sul. gr. $\frac{1}{16}$, and usually combine with it quinin gr. j to gr. ij, often repeated in one hour. This usually is followed by increase in severity and number of pains and, barring abnormal conditions, the second stage rapidly en-

gages and completes with the aid of chloroform inhalations for the last few minutes or half hour. Then constant attention to the uterus, getting proper contractions by manipulation thru abdomen if necessary for twenty or thirty minutes, usually results in comparatively easy extraction of the placenta. An immediate dose of ergot fl. ex., 20 or 30 minims, usually suffices for the case without superfluous loss of blood. Some cases, however, require instead of stimulation for the uterin muscles and nerves, complete rest for a short period, which may be secured by judicious use of an opiate. This condition of course should be recognized, and absolutely contra indicates quinin, etc., at that hour, and in such a circumstance the use of stimulation in any form is liable to be followed by excessiv hemorrhage immediately following delivery. The routine use of these drugs may be useless in obstetrics, but it certainly saves valuable time for the attendant as well as prolonged suffering for the patient. H. O. B. YOUNG, M.D.

Gurnee, Ill.

Is Mystery in Medicin Desirable?—Quinin for Cancer.

Editor MEDICAL WORLD:—A few years ago I visited a patient and learned that for several years, by the advice of eminent Dr. Blank, she had taken cascara for constipation. She knew all about cascara. Now, if this patient had been too poor to pay for medical services, there would be more excuse for Dr. Blank recommending cascara; but under the circumstances he not only stopt his revenue from that patient, but prevented any other physician from obtaining a fee for some time. Dr. Blank stood no higher in the estimation of this patient, or he would have been the physician sent for instead of your humble servant.

Mystery in medicin counts for potency. Peculiar directions that do not seem to be silly are often extraordinarily effectiv. For example, "take this tablet once in three days at bed time; it may act upon the bowels incidentally, but it is given for another purpose." "Take this tablet so often (don't tell him it is glonoin $\frac{1}{10}$ grain) when lying down: it may take the top of your head off, but never mind." "Smell this bottle (it contains a rag saturated with amyl. nitrite); it will stop the after pains."

If your patient asks what such a medi-

cin is, state that it is an alkaloid or glucoside, with a name so long and tangled up that it would burden the brain of a philosopher, then incidentally write the name in Greek, Hebrew or cipher on the label.

Many patients do not drink enuf water. Give them a box of placebo tablets, or better still a granule of capsicin or capsicum and nux vomica to be dissolved in a glass-full of water and taken four times per day. If a patient is crank enuf to insist upon knowing all about what he is taking, give him a look of mingled pity and contempt and tell him to call another doctor; that there are a few asses in the medical profession that will bray for him plenty.

I do not use iodoform in my practise because every yahoo is onto it. If I prescribe sulfur I color it with charcoal; salines I grind up with licorice and flavor with gaultheria or some other essential oil. In fact I will not even use a *white* capsule of quinin or morphin in any shape within the guess range of a patient.

Often when a patient remarks "Doctor, I suppose you will give me quinin," I will say, "quinin? quinin? let's see; I have heard that name somewhere. Oh yes, you can get that at the grocery. I'll ask our hired girl about this quinin. *She* gets the groceries." And when you go to a patient and get the information that Dr. Blankyteblank gave her quinin and iron for her blood, and nitre for her kidneys, and calomel for her liver, don't you feel that the sense of the medical profession in the form of a No. 9. brogan should be applied posteriorwards in his case?

The St. L. Med. Rev. of May 11th, reports from Jaboulay an item as to the value of quinin in cancer. The great prevalence of cancer in non-malarial Utah, and its comparativ rarity in malarial districts, is a fact worth consideration, if the writer's experiences accord with that of others.

C. E. BOYNTON, M.D.

Sandy, Utah.

Did Morphin Addiction Cause the Death of the Child Before Birth?

Editor MEDICAL WORLD:—Mrs. R., aged 34 years, a morphin habitue, was operated on by Dr. Geo. Ben. Johnston, of Richmond, Va., for retro-displacement of uterus with adhesions about four months after her fourth confinement.

For about five years following the operation her health was good, and she did not become pregnant during this time.

About one year ago she fell into my hands for treatment of some minor complaint. A few months after I visited her my first time I was called in to prescribe for sick stomach, which she said she had been subject to pretty often ever since she was at the hospital. I decided at once that some of her symptoms were a little suspicious of pregnancy, and it was not many weeks after this time till she agreed with my diagnosis. She and her husband both insisted on me to produce abortion, which I refused to do. Everything progressed all right up to the end of the seventh month, when she began to complain of pain of a drawing nature in the bowels, as the traction was being made on the ligament supporting the uterus, and this continued till delivery. By the end of seven and a half months the urine began to be loaded with albumin, and edema of feet, legs and vulva soon appeared. I used the ordinary remedies for this state of affairs, which left the condition pretty well under control except the vulva, which became enormously swollen.

In addition to this she had relaxation of the ligaments of the pubic joint, which gave her a great deal of trouble.

I continued to watch the case very closely, and treat it to the best of my ability till time for labor. Patient was bed-fast for more than a month before delivery; movements of child kept up till about three days before labor. When labor set in everything progressed all right, with a perfectly natural labor; child was born dead. The placenta was delivered without any trouble whatever, and there was as good uterine contraction as I ever saw.

I continued to watch patient closely for fear of some after trouble, thinking probably the ligament supporting the uterus might have been torn loose during labor and might set up peritonitis, but to my great satisfaction everything went well, and in three weeks after delivery the woman was up and going about the house, and feeling as well as she had ever been on previous occasions. I would like the Editor and other members of the WORLD family to give their opinions as to the cause of the child's death. I cannot convince her but what the morphine was the cause of its death, yet I cannot get her to abandon its use.

E. L. LAWRENCE, M.D.

Tindall, Va.

Sulfuric Acid for Poisonous Bites.

Editor MEDICAL WORLD:—I venture to give a remedy for all kinds of snake bites, mad dog and tarantula bites, etc. It is sulfuric acid, hypodermically, 5 to 10 minims. This is not original with me. I learned it from a gentleman who keeps snakes of all kinds in his room. A few weeks ago when getting out of bed he stepped on his large rattler, 4 feet long and 8 years old (8 or 10 rattles), and the snake bit him on the foot. He immediately used the acid hypodermically, 5 to 10 drops of pure acid in the fang wound, and it gave him no trouble. He told five gentlemen he had been bitten a hundred times by snakes of different kinds and poisonous insects, and had no fear as long as he had his hypodermic syringe and acid with him. He uses it also in mad dog bites.

Montgomery, Ala. J. H. HENRY, M.D.

The Evolution of a Homeopath.

Editor MEDICAL WORLD:—Under the above title I will endeavor to give the "reason for the faith within me." As this is a matter of personal experience I must of necessity make more frequent use of the first personal pronoun than might appear compatible with due modesty.

In 1873 I received my degree from a homeopathic college and have ever since been engaged in the practice of medicine. Ostensibly during all these years I have been a homeopath, but really I did not begin the practice of homeopathy until after fifteen years of miserable bungling, hopes and fears, getting now and then a glimpse of the light, following for a little time the beautiful ray, and then relapsing into the old-time "go as you please," racing up and down the gamut of empiricism and seeing precious lives go out that might have been saved had I but caught the spirit of Hahnemann earlier in my professional life. This is not a pleasant thought; but like St. Paul, "I did it ignorantly." There never has been a moment of my professional life when I was not anxious to know the truth; and I am sure that all my readers are of that mind. We all want the truth, and if there be a law by which we may be guided in the selection of a curative agent in any and all curative cases, for the love of God and humanity let's lay aside all preconceived opinions and press into the light. That there is such a law, immutable and universal as the law of gravity, I know from

the ten thousand experiences incident to many years of bedside and office practise. That which proved a stumbling block to me is the thing that confronts many (if not all) of my readers: the immateriality of the dose. I remarkt many times that I could not conscientiously trust the life of a seriously sick person upon anything less than material doses of medicin. And now I will proceed to relate as nearly as possible the series of circumstances and experiences which have made me all that is implied in the word "Homeopath."

I was not born with a gold spoon in my mouth, and when I graduated I was obliged to borrow five dollars to get out of town with. I hung out my shingle in a little town in the northwest corner of Ohio, and how I managed to keep soul and body together for the first few months I do not care to relate. But I know that I was so fearful that I would not do all possible for the few patients who came my way that I usually called for three glasses of water, medicated them with my homeopathic tinctures, and caused them to be given in half hourly or hourly alternation. I did this on the shot gun principle, "if one does not hit one of the others will." This utterly unscientific method reaped its legitimate fruit. I encountered failures much oftener than howling successes, bills for current expenses crowded me until I was many times tempted to throw my books, medicin cases and instruments into the Maumee River and become a cowboy, or anything else that promist a life of action. But Providence ruled otherwise.

One morning I sat in my little office, not a thing in sight so far as business was concerned, and I had an attack of the blues of the darkest navy type. An old gentleman appeared at the door and inquired, "Is the doctor in?" I arose and proclaimed myself to be that gentleman. He lookt a moment at my beardless face, towering figure of five feet six inches, one hundred and twenty pounds avoirdupois, and then he took on that exasperatingly quizzical look that all callow followers of Esculapius must encounter, and askt, "Ain't you a good deal of a boy to be a doctor?" I was obliged to plead guilty to the charge, but assured him so earnestly that I would outgrow it in time if allowed the opportunity that I believe he was more than half convinced; at any rate he took me with him to see a babe

which had been given up to die by all the other physicians of the town. I found my patient to be the most unpromising specimen of humanity I had ever seen. It was a three months old babe, emaciated to the last possible degree, and I could see no possibility of getting any reputation out of this case. I did the best I could in the way of examination, called for the usual plurality of glasses of water and teaspoons, set the alternation machine into motion, made a very guarded and unpromising prognosis and left. Next morning I called and to my surprise found matters about statu quo. I had not expected to find him alive. For the first time it occurred to me that there might be a fighting chance for the babe. So I sat down by his crib and made the most careful study of his symptoms of which I was capable. The history of the case was this: He was the eighth of a family of as healthy children as could be found anywhere. No heredity was traceable on either side. He was a beautiful, plump boy until the sixth week of his life, when he began to scream with pain. This he continued to do until a doctor was called in. He diagnosed colic and treated it for that trouble. But the babe continued to scream night and day when not under the influence of anodynes. One doctor after another had been called, and a counsel of several of them had at last been held, and they left the child to die within a few hours. They had never determined the diagnosis; or, at least, could not agree upon it. So I sat by the erib and studied the symptoms as I have said. Purely objectiv symptoms, as a matter of course, were all that I had to go upon, and there was but one of them that was in the least degree prominent or peculiar. It was this: He would kick and scream with all his puny might for a moment or two, then would suddenly fall asleep. In not longer than three minutes he would awake with a shock of pain, scream for a minute or two again, and would as instantaneously fall asleep. I watcht this process for not less than an hour. "Pains come and go suddenly." Where these pains were located I could not discover, and I could not conjecture what their pathologic basis might be; but I did happen to know enuf of homeopathic materia medica to recall the fact that the above symptom is found under but one drug prominently, and that drug is belladonna. I called for

but one glass of water this time, and opened my pocket case. I found my belladonna 3x vial empty. By some good chance which I shall never understand I found in one of my vest pockets a bottle of belladonna 200th dilution. Up to this time I had never prescribed so high a potency, and I only did so now because I had no lower with me, and I really did not expect to do anything that would be of material benefit to the child. So I placed a few drops of the water medicated with belladonna 200th into the little sufferer's mouth, and told the mother to repeat the dose as often as it cried. That dose, gentlemen, did the business. It immediately went to sleep, slept several hours and awoke—well! You may drop this article right now and pooh-pooh the above circumstance aside as a coincidence if you will, gentlemen; but thousands of experiences tell me NO! It was all in accordance with one of the most beneficent of God's laws. The babe made a perfect and rapid recovery, and the fortunes of your humble servant mended wonderfully on the strength of that cure.

The marvelous demonstration of power in the potentized drug just related could not but give me a mighty impulse in the right direction. But one swallow does not make a summer. I did not meet so typical a case again for a considerable time, and I relapsed into my former slovenly habits of practise, now and then getting but a ray of the light which should have continuously been mine from the time of the above cure until now.

In 1877 I moved to California and practised in the mountains of Placer County for about twelve years. During that time I did well financially, but my experiences as a healer were not altogether satisfactory to myself. It required a great amount of nerve to look a two hundred pound miner in the face and hand him a one or two dram vial of tiny pellets for the cure of acute rheumatism or sciatica, etc. I need scarcely say that I dispensed plasters, liniments, polypharmacy, etc., wedging in a little homeopathy here and there. While I saw now and then demonstrations of the power of the potentized drug to heal, nothing remarkable occurred until I was called to attend a case of pneumonia. The patient was a boy of ten, the upper lobe of the left lung being the seat of the attack. I treated him as usual, alternating two or three homeo-

pathic remedies. After about nine days I pronounced him convalescent and did not see him again for a week or more. I found him not picking up as he should have done. His appetite was good, but a little food caused a sense of repletion which prevented him eating more than an occasional morsel. At four o'clock p. m. would ensue high fever, lasting until eight p. m. During that time he would expectorate half a teacupful of pure pus. At eight o'clock the fever would subside, followed by a profuse perspiration. Physical examination revealed an abscess in upper lobe of left lung. Another symptom which I should have mentioned was that he passed urin with difficulty, cried with pain during its voidance, and it was heavily loaded with brick dust sediment.

Allow me to remark parenthetically that a homeopathic prescription should have not less than three prominent, peculiar and persistent symptoms to rest upon, like the legs of a stool. And it is not necessary to add that we cannot always get them, as in the case I first related. But in this last instance a noble trio is present. They are:

- 1.—Sense of repletion from eating but a morsel of food.
- 2.—Regular exacerbation of symptoms at four o'clock p. m., abating at eight o'clock p. m.
- 3.—The urinary system as above related.

There were other concomitants, such as constipation, borborygmus, etc., all found under the remedy, *lycopodium clavatum*. The way was so plain in this case that the wayfaring man tho a fool did not need to err, and I recognized the drug indicated. I gave it to him in the sixth potency, a powder every three hours. The indications were so unmistakable that I really anticipated instantaneous relief. But after two days upon the above prescription I could notice no markt change, certainly nothing for the better. The symptoms remained the same. I stuck to my drug, but I saw that I must go higher. I had nothing higher than the 6x, and no chance of getting it from the pharmacy in less than two days. So I sat down and ran it up to the 15x, decimal scale. You will never know, friends, what the test of faith is until you have taken a drop of mother tincture, or a grain of crude substance, and run it by the centesimal scale to the thirtieth potency. I administered

the fifteenth potency of lycopodium to my little patient without a scintillation of faith. It had oozed out at my finger tips during the process of potentiation, but I administered it because I did not know what better to do. Saw him next day and there was marked improvement. All the symptoms were present, but lessened in degree. To make a long story short, the boy went on rapidly to complete recovery.

As a matter of course this gave me another mighty impulse in the right direction, and I could not but recognize the fact that there was a law of cure, beautiful and inerrant as any other of Nature's laws. We are all aware that lycopodium in the crude is a comparatively innocuous substance, and probably the only experience most of you have had with it is limited to dusting it into the flexures of babes suffering with intertrigo. Why what we call potentiation should liberate so mighty a curative principle as is found in potentiated lycopodium, and thousands of other inert substances, is something beyond the realm of reason, and we are obliged to accept demonstrable truth, whether we can understand the *modus operandi* or not.

Again I buckled into homeopathic *materia medica*, determined to be a homeopath, in deed as well as in name. I used my repertories and studied my cases as closely as possible, now and then making center shots that elevated me to the clouds. But because I could not all the time apply the law and get ideal results, I began to fall off in my enthusiasm and soon was in the old ruts of alternation and polypharmacy. And so I went on at this living and dying rate, dissatisfied with my art, my heart aching for patients that I knew were curable if I could but find their remedy, until the year of 1888. It was about midnight in the month of February that I was summoned to the bedside of a lady, fifty years of age, large and fleshy. She had been an invalid for many years. She had been given drugs galore, and the stomach had become utterly intolerant of any further drugging. Her medical attendant had said that she could live but a few hours at longest. I was convinced that his prognosis was not far from the truth. Her condition was as follows:

1. She was sitting bolt upright in the center of the bed. She could not lie back in the least degree on account of extreme

dyspnea. Nor could she lean forward at all, because of enormous gaseous distension of the bowels and stomach.

2. Heart beating like a trip hammer, so that it perceptibly jarred the bed. Spitting great quantities of frothy blood.

3. Enormous eructations of gas, aggravated by the least morsel of food or drink. These eructations gave no relief to the sense of fullness and pressure.

4. Her clothing and even the bedclothes were drenched with a colligative sweat that was cold as death.

5. Extreme thirst for cold water, taking frequent small sips.

There were other symptoms that I cannot stop to detail. Neither was there time for an extended examination. She was supposed to be dying and what I did must be done quickly. I took in the above data, called for two glasses of water and alternated *nux vomica* 3x and *arsenicum album* 3x every five minutes. Getting no relief from these after a thorough trial I floundered about among a number of other drugs for a couple of hours. Not a symptom of change for the better. I was up against it. It really seemed to me that I was commanded to stand still and see the glory of God. And thus I stood for a number of minutes, hands in my breeches pockets, powerless. All at once, like a flash of lightning, I saw the remedy. I seized my hat, called for a lantern and umbrella, and started for my office on a run. I snatched Herring's condensed *materia medica* from the shelf, and turning to *cinchona officinalis*, I found the case perfectly covered by that remedy. I immediately returned to my patient with a vial of the thirtieth of the drug just mentioned. No change had occurred during my few minutes absence, and I hastened to place a single minim of *cinchona officinalis* 30x upon her tongue. That was not much of a thing to do, was it? But the result! I would to God that every physician upon earth could have seen it. About three minutes after taking that most potent drop, she threw her hands above her head and cried out, "My God! what have you given me?" fell back upon her pillow and immediately began to snore. Of course, everybody in the room was alarmed and sprang forward to help her to a sitting posture. But I stopped them, commanded them all to leave the room but the nurse, assuring them that the storm was over, everything was

all right, and she would recover if not awakened from this sleep. She slept several hours, and in two weeks was walking in her garden. Not many months later she died from organic lesions of the heart.

Such miraculous demonstrations of medicinal power are not common in the practise of the best prescribers; but they do occur with sufficient frequency in the experience of him who is working by the law to keep him in a state of expectancy, and we are very likely to find that for which we seek. There are many reasons why we cannot always attain to all that is desirable in the line of cure; but I stoutly maintain that the man who recognizes the existence of a law of cure and is governed in his prescribing thereby, will be rewarded with a uniformity of success that he never knew before, and will see results that are absolutely impossible under any other method. This assertion I can substantiate by any reasonable amount of evidence, and if this too lengthy paper be received in the spirit in which it is written, I shall be too glad to do all I can to convince my brethren of any and all schools that God has given His children a law of cure for the ills of the body. This is the burden of my cry. I do not care a rap of the gavel for the name, homeopathy. Neither do I contend for high potency. If a man hew close to the line, prescribe the drug indicated by the symptoms, or the one capable of causing the symptoms found in a given case, he will learn very soon to dread said drug in the crude, and will be only too glad to climb the potency ladder.

So in this discussion I would be glad if we could drop the name of my own or any other school, and let us stick to the text: Is there a law of cure? I will close by stating, as intimated in my note in the last number of this journal, that since the bedside experience last related I have never doubted for a moment that there is a beautiful law of cure, and I endeavor to apply it in all cases coming into my hands. The past thirteen years of my professional life have been infinitely more satisfactory than those preceding them. I am not only willing but very anxious to help anyone into a knowledge of this truth; for I really think that the millenium in medicine will have dawned when the medical world shall have recognized the fact that there is a law of cure. S. E. CHAPMAN.

Napa, California.

Treatment of Boils.

Editor MEDICAL WORLD:—If used in the incipient stage, germicidal soap (P. D. & Co.) will abort the beginning boil almost invariably. For this purpose I have used many remedies, such as iodine, carbolic acid, ichthyol, etc., but have seen nothing give such brilliant results as the germicidal soap. A strong lather is well rubbed over the boil 2 or 3 times only and the work is done.

In those cases where there is a multiplicity of boils, one crop succeeding another, as is often seen on the back of the neck, inner side of thighs and buttocks, shave the affected region and wash well 3 times a day with the germicidal soap, and you will very quickly put an end to the process.

Some patients may need constitutional treatment. Tonics and alteratives like arsenic, iron and cod liver oil are often indicated. I have used the sulfid of calcium, but have never been able to see any good come from its use. I believe the phosphate of soda, in 20 to 30 grain doses, 3 times a day, exerts a beneficial influence in some cases. Another remedy of value is the hyposulfite of soda. It should be given in water, in doses of 10 to 20 grains, 3 times a day. L. C. ALLEN, M.D.

Hoschton, Ga.

Answer to Dr. Binnie Concerning Homeopathy.

Editor MEDICAL WORLD:—As a "devotee to homeopathy," I would say to Dr. Binnie that because he acknowledges his own methods (?) to be unscientific and therefore indefensible, is no reason for attacking other methods of which he knows nothing, as he does in your April number, page 160, where he says: "pure homeopathy never influenced cure in the least."

In his "Treatise on Therapeutics," the great allopath, Trousseau, says: "When Hahnemann uttered the principle 'similia similibus curantur' he proved his position by facts taken from the practise of the most enlightened physicians." He also says: "The use of arsenic in very small doses produces a homeopathic, that is a substitutive, action, which is of great use in hastening the cure of chronic ulcers, phagedenic dartres, and most chronic affections of the skin."

Trousseau also says: "Solutions of nitrate of silver at first applied to the pharynx and mucous lining of the mouth,

past into every day use in the treatment of inflammations of the mucous membrane of the nose, eyes, urethra, vagina and even of the intestins. It was soon perceived that the primary effect of this and similar agents was analogous to that produced by inflammation, and it was easy to understand that inflammation artificially induced in tissues already the seat of inflammation led to a cure of the original inflammatory attack. When this view was once acquired, there flowed from it the great therapeutical principle of *substitution*, which at present reigns supreme in medical practise." He shows in the first quotation that substitutiv and homeopathic are synonymous terms. And this is exactly what Hahnemann, before him, had described homeopathy to be, in these words: "In order to perform a cure it is necessary that drugs should possess the power of producing in the human body an artificial disease, most similar to that to be cured; for it is by virtue of its similitude combined with greater intensity, that the drug disease is *substituted* for the natural disease."

The homeopath recognizes that law reigns in the therapeutic world as well as elsewhere thruout the universe. What chemist of the present day doubts the law of atomic proportion? What astronomer doubts Kepler's laws? Why should any one not be able to convince himself of the truth of the law of similars? Medicin put into the human body in a state of health will produce effects analogous to some morbid condition called disease. Hahnemann observed this fact as Newton observed the falling apple, and by the inductiv method of reasoning the law of similars was establisht.

Dr. Binnie also says: "The facts are, we have no specifics in medicin and never will have, in the true sense." Specifics for diseases, regarded as entities, we have not. Nature knows no classification of diseases according to books. In every morbid condition nature presents a certain well defined set of symptoms, and when these are analogous to those produced by some drug in the healthy body, we have a specific in that drug for that set of morbid symptoms. Hahnemann says: "The most infallible remedies can be no less than specifics; i. e., medicins homogeneous in their action with the morbid irritation. The use of these specifics, however, had been prohibited and condemned, as ex-

tremely injurious by the old school; because observation had taught that such remedies in the customary large doses had proved to be dangerous on account of the highly increast receptivity in disease for homogeneous irritation."

In his "History of Medicin," Dr. Renouard, a prominent French allopath, says: "What can we answer these homeopaths when they say to us: 'The most efficacious means possessed by the healing art, viz., *specifics*, which according to common consent produce the mildest, promptest, and most durable cures, are proscribed by your official medicin as much as possible. It excludes them from its theory, if not from its practise. We, on the contrary, come to teach you a means to discover and a method to employ these admirable instruments of cure.' What have we to respond to such an argument as this? Nothing, positively nothing serious and logical."

Gould's Dictionary of Medicin defines Regular: "According to rule, custom, or normal procedure." Very good. But below a few lines he defines Regular Physician: "One of the school of scientific medicin who adheres to no clique, sect, 'pathy' or 'ism.'" Well, then, what do they adhere to? And what rule, custom, or procedure can they be guided by, if, as Dr. Binnie says, "they cannot agree on any one thing?" How can there be any science where there is no agreement? The so-called regular school of medicin is not regular in anything, not even in its irregularities; and this is as true today as when the great Bichat said: "To what errors have not mankind been led in the employment and denomination of medicins? The same identical remedies have been employed under different names, according to the manner in which they were *supposed* to act. So true it is that the mind of man gropes in the dark when guided only by the wildness of *opinions*. Hence the vagueness and uncertainty our science presents to day—an incoherent assemblage of incoherent opinions; it is of all the physiological sciences that which best shows the caprice of the human mind. What do I say? It is not a science for a methodical mind; it is a shapeless assemblage of inaccurate ideas, of observations often pueril, of deceptiv remedies and formulas as fantastically conceived as they are tediously arranged."

So far as therapeutics is concerned, old

school medicin is negation and palliation. When cures are made by medicins, they are made according to the law of similars, the only law of cure so far as drugs are concerned. Opinions as to the cause of disease, from the time of Hippocrates with his "blood, bile and phlegm," down to the "humoral," "chemical," "cellular," and "germ" theories of pathology, your therapeutics have changed according to the prevalence of these theories. Old remedies have been discarded and others have become new according to the ceaseless change of theory, and this your school calls progress—science (sic) even. In his Dictionary—preface to third edition—Gould says: "In the science (sic) of medicin what was true yesterday may be only half true today, and may even be wholly untrue tomorrow." Thus you chase the will-o'-the-wisp and announce to the credulous world that your school is the scientific one of the age. Is this honesty or ignorance? Homeopathy is based on no theory, but like every inductive science, on two series of phenomena and a law of relationship. On one side are the symptoms the drug has produced in the healthy human body. On the other side those of the sick person, and the law of relationship is that of similars. We are not discarding old remedies, and grasping at the new, according to changing theories as to the cause of disease. We are not, as your Prof. H. C. Wood says of his school, "finding seeming gems of truth one after another only in a few minutes to cast each back to the vast heap of forgotten baubles that in their day had also been mistaken for verities." With us, what a remedy did a hundred years ago it will do to-day, and can do to-morrow, if selected according to the law of similars. Truth is eternal and does not change. In the course of a debate in the Academy of Medicin, Paris, Dr. Marchal de Calvi said: "In medicin, there is not nor has there been for some time, either principle, faith, or law. We build a tower of Babel, or rather we are not so far advanced, for we build nothing; we are in a vast plain where a multitude of people pass backwards and forwards; some carry bricks, others pebbles, others grains of sand; but no one dreams of the cement. The foundations of the edifice are not yet laid; and as to the general plan of the work, it is not even sketcht. In other words, medical literature swarms with facts, of which the most

part are periodically produced with most tiresome monotony. These are called observations, and clinical facts. A number of laborers consider and reconsider particular questions of pathology or therapeutics. This is called original labor. The mass of such labor and facts is enormous; no reader can wade thru them—but no one has any general doctrin. The most general doctrin that exists, is the doctrin of homeopathy. This is strange and lamentable; a disgrace to medicin, but such is the fact." Hahnemann said: "Put homeopathy to the test and publish its failures to the world." So I say to Dr. Binnie: study homeopathy, practise it, and publish its failures—not yours.

898 Broad St.,
Newark, N. J.

GEO. W. HARMAN, M.D.

Rheumatism.

Editor MEDICAL WORLD:—I was much interested in reading Dr. Hoover's communication on rheumatism in the May number, page 188, and as a homeopath I heartily endorse every word. There are from twelve to fifteen thousand homeopathic practitioners in this country who are using these same remedies for these same identical conditions every day in their practise. Nearly one hundred years ago Samuel Hahnemann, or his immediate successors, "proved" these same remedies upon healthy people and develope the identical symptoms which Dr. Hoover enumerates as "indications." These same indications have been given in every homeopathic text book from that day until this, and for nearly a century have stood the test of clinical experience, proving veritable "specifics" when given in strict accordance with indications.

Dr. Hoover's article is as fine an exposition of pure homeopathic therapeutics—small dose and all—as I have seen for some time; so why not acknowledge the same and give homeopathy its due credit? The Doctor has satisfied himself that, at least in the matter of rheumatism, "*similia similibus curantur*" is absolutely true. He must be pretty near the kingdom. Why not apply the same principle in treating all diseases?

The entire homeopathic profession would unite with me in predicting that the result would be surprisingly satisfactory to both physician and patient.

H. A. WATTS, M.D.

Portsmouth, N. H.

Gastritis.

Editor MEDICAL WORLD:—I would suggest arsenic 3x or higher for the case of sub-acute gastritis reported by Dr. H. C. Leemly, of Schofield, Md., in the April WORLD. Whenever you find stomach trouble with nausea, burning and insatiable thirst, arsenic in the right potency is your best friend. In addition to above symptoms, if the patient's skin has a waxen hue, and is very restless, with fear of death, this remedy will never fail you. Have just cured a case very similar to Dr. Leemly's, which I give you:

A. M., age about 60. Has had indigestion for 10 or 12 years. Came to my office February 21, 1901. Said he had no faith in homeopathy, but as he had given the other doctors a fair trial, he wanted to try some "sugar pills." For past two weeks has had insatiable thirst, drinking any quantity of water without any relief whatever. As soon as water got warm he would throw it off and fill his stomach again with ice water, which would relieve pain in stomach until warm, and again would vomit, or rather throw the water off, as he had as good use of his stomach in that respect as he had of his hands. Whenever he eats or drinks too much he contracts the stomach at will, and throws off as much as necessary for relief. He had enuf of other symptoms to convince me that arsenic was the remedy. I gave him a powder 30x dry on tongue, and in less than one-half hour improvement began and continued without interruption, and on February 25, he reported his stomach well, and has been ever since.

Paris, Tex. G. F. THORNHILL, M.D.

Let us all be Brothers and Mutual Helpers.

Editor MEDICAL WORLD:—I am glad that the liberal and broad-minded Editor of THE WORLD invites homeopaths and eclectics, as well as regulars, to contribute articles to it. This makes it a better all-around journal for its regular as well as its irregular subscribers. In this last statement many of the regulars may disagree with me, for a number of them don't believe that the irregular schools have any remedy or method of treatment that is superior to any remedy or method of the old school. We regulars shouldn't be so egotistic and narrow as to believe our school embodies all that is good in the treatment of diseases, and that there is no

good in homeopathy and eclecticism, except to enable a number of doctors to become acquainted with the natural tendencies of diseases uninfluenced by medication. Our observation teaches us differently. There isn't a regular but what has a successful homeopathic or eclectic competitor, or knows of one or more that are as successful in their practise as regulars; and not all of them are humbugs either, posing as homeopaths or eclectics and using old school remedies. Dr. Hanson, of Hartville, Mo., a homeopath, has the largest practise in the county, and he built this practise up with two regulars as competitors. Dr. Binnie (April WORLD, page 160) will say that he never practised pure homeopathy. Whether he did or didn't, I never knew a regular to endorse the treatment he advised in a consultation. They would tell him he could have the case and they would quit; and the termination of the case would fail to verify their unfavorable prognosis.

The liberal features of THE WORLD makes it one of the most valuable journals published in the United States. Its platform is broad enuf for every doctor in the world, of whatever school, to stand on. Its columns are opened to the homeopaths and eclectics, as well as to the regulars; and I hope our homeopathic and eclectic brethren will favor us with some good articles on seasonable diseases occasionally. I wish every issue would contain at least one homeopathic or eclectic article. These articles would add symmetry to our treatments, and we would get some ideas on remedies and methods that would stand us well in some difficult cases. I don't believe there is a single subscriber to THE WORLD that would object to these articles, for the broad and liberal spirit of the Editor, manifested thru his journal, has so favorably imprest itself on the subscribers that they are all very tolerant of ideas and opinions that conflict with theirs; the WORLD family actually enjoys a collision of ideas.

I close by asking Dr. S. E. Chapman to explain whether there is a dual action in all drugs, and whether the homeopaths just make use of one end of drug action, that which is produced by the minimum dose?

DR. J. S. CANTRELL.

Northview, Mo.

[The names, homeopathy and eclecticism, are more objectionable than the practise of their adherents. These, or any other

sectarian titles, are objectionable because they imply limitation. Every physician should accept the rich heritage of the experience of the ages in all countries. This heritage contains both truth and error. We should eliminate the error and conserve the truth; and to that truth we should add as much new truth as we can. But there is no need of setting up a new establishment based upon a part (only) of the new truth brought to light, and ignoring all the old truth. It seems foolish to do this. The one word, Physician, is sufficient to designate one who devotes himself to the healing art. Those who adopt modifying terms, as homeopathic or eclectic, deliberately shut themselves from a large amount of accumulated and accumulating truth, and from the main body of workers. The regular profession is sufficiently tolerant to admit all honest and earnest workers in the healing art, but the line is drawn at sectarian schools, with dogmas on their banners. The temple of medicine need not, ought not, to be divided into sects. In this noble temple there is room for all, but no room for dogmatism nor separate and exclusive camps. We hope that our friends will drop all sectarian titles and become simply *physicians*. As to practise, each individual practitioner is guided by his own light and judgment any way; in the regular profession there is no attempt at curtailing personal freedom in practise. All useful ideas are welcome in these columns, whether the contributors are sectarian or not.—Ed.]

The Thirtieth Potency.

Editor MEDICAL WORLD:—I have read with much interest the articles in the April WORLD on homeopathy. I could never understand potencies or similars, and the prescribing for symptoms in place of the disease. As Brother Chapman leaped into the light in a single hour, I think he could make it plain to me. As the thirtieth potency of aconite is a favorite remedy with the homeopaths in my vicinity, I would like to ask Professor Watt how much of the thirtieth potency I would have to give a patient so that the patient would get one drop of the official tincture, or how much of one drop of the official tincture is contained in one drop of the thirtieth potency?

Wurtsboro, N. Y.

C. W. PIPER.

[The following subject having been given such generous space in the last several issues, we feel compelled, in justice to other subjects, in the interest of our readers, to put further matter upon this subject in small type.—Ed.]

Small Pox.

Editor MEDICAL WORLD:—Having just past thru a siege of small pox, some observations may be of interest to the WORLD readers, especially to the large part of them who still believe small pox to be small pox. We have had the disease in the city for four months, in spite of the vigorous measures taken to stamp it out. In that time twenty families have been afflicted with the scourge. So far as known only thirty-two persons have been sick with the disease. Of this number ten were as sick as I have seen them in former epidemics. While the other cases were of a milder type, the sickness previous to the eruption was pretty severe. All were treated at their homes, with one exception. This man having no home to go to was sent to the pest house, but in due time made a good recovery. It not being practicable, little effort was made to separate the well from the sick, but all being well vaccinated, were assured that they were entirely safe from the disease. This feeling of certainty is the result of the very many cases in the last fifty years where children and others have been left to mingle freely with the sick; the only requisite being that we have good and recent vaccine or bovine virus with which to vaccinate the well. In the early years we seldom used other than the humanized virus. In these later years we seldom use other than the bovine. In a few cases I have preferred to use the former.

Going to a house where the disease existed of some days' standing, and finding six or eight children and others who had no previous protection against the contagion, I have felt a greater certainty of protection in using from a selected crust but recently taken from a person's arm. A very efficient quarantine has been kept up, and there has been no spread of the contagion from the place so quarantined. Great pains were taken to vaccinate at once all persons in the family of those afflicted, and all who had been exposed to the contagion. There were two sources of supply that kept the disease for so many weeks in the city. First, the men coming home from time to time sick with the disease from the lumbering camps in the northern woods, and then the houses where the people succeeded in keeping the knowledge of the presence of small pox from the health authorities. There was spread of the contagion that could be directly traced to each one of these houses. The readiness with which the community submitted to vaccination, especially the younger portion and all who had been in any way exposed to the contagion, did much to break the force of the epidemic. We heard little of Cuban or other Cuban nonsense. When the eruption appeared the physicians readily recognized the disease as small pox, and at once reported the cases to the health authorities who turned them over to the physician having their treatment in charge.

In the treatment of the disease at this and at former times I have become convinced that the disease is not contagious previous to the eruption, and little if at all contagious during the first two days of the eruption; further, that it is far less contagious in the open air than in close or crowded rooms. While a nurse or a person much in the room with a person sick with the disease may carry the contagion outside, I do not think a person going in the sick room for a few minutes will carry the disease outside for any considerable distance. Further, while varioloid will give regular small pox, it is far less contagious than is small pox. Successful vaccination will for a variable length of time render one absolutely immune to small pox, and for a lifetime to any but the milder form of that disease. Persons in no degree immune to that disease may by being vaccinated two, three or four days after thorough exposure to small pox still avoid the disease; but if vaccinated seven or eight days after such exposure they are liable to have both diseases running their course at the same time, the vaccine disease greatly modifying the small pox, leaving it to finish its course in the form of varioloid. Hence it would seem the proper thing to do to be vaccinated even tho a week or more has elapsed since the exposure.

For a few years back small pox has been widely disseminated in many States and in many locations in the different States. This has been brought about in part by the soldiers returning from Cuba, and in the States where much lumbering is done by the disease being carried over from year to year in the bedding and in the camps where the disease had previously existed. But this was not the only reason, nor the worst, why the disease continues to exist and to exist in many locations will be found a physician who will insist that the disease is not small pox. Having made a mistake in diagnosis in the early stage of the disease, he stubbornly sticks to it (physicians are not noted for changing their diagnosis). Just recently I was at a location where I saw several typical cases of small pox, one a woman, mother of five or six children, the worst case that I have seen for many years. Thickly broken out all over, literally from the soles of her feet to the crown of her head, the pustules unusually large and well filled, and there could hardly have been less than 2,000 in number; and still the local physician was insisting that this was not small pox, which resulted in many exposures. The previous history of the disease in this locality was about as follows: A man came too near this locality from the woods and was sick with an eruptive disease, communicating the disease to the family. A young girl, daughter of the woman so very sick, went to help take care of the sick man, in due time becoming sick herself. She returned home and gave the disease to her mother and several other relatives, who were having the disease in a typical form at the time of my visit. With this history, and with the disease existing in this aggravated and confluent form, the physician was still insisting that these cases were not small pox. Even in THE MEDICAL WORLD a physician will write, giving close description of a typical case of small pox, and finish up by saying *this is not small pox*. What is it? Now these men, along with a few cranks who go up and down the world making themselves everywhere present, insisting there is no small pox, and

condemning vaccination, are largely the cause of and responsible for the spread and long-continued existence of the disease. The local boards of health are reluctant to quarantine or to take the other necessary steps so long as physicians are found who insist there is no small pox, or that the cases brought to the notice of the health authorities are not cases of small pox. And then the anti-vaccinationist frightens the people by his overdrawn stories of terrible blood-poisoning, the loss of an arm or the loss of life, in this way frightening people from taking the most efficient means of stamping out the disease. Now if all physicians and all communities would give their aid and their full influence to the health authorities to do their full duty the disease would become as nearly unknown as it is in some European countries where they have enforced vaccination at one year of age, and at some additional periods, such as when joining the army or the navy. This paper has doubled in length what I had intended, so I will leave to a future time the writing up of a few cases illustrating some of the views I have concerning the disease.

Stevens Point, Wis.

JOHN PHILLIPS, M.D.

Hemorrhagic Small Pox—Determination of Sex.

Editor MEDICAL WORLD:—I was called to see a railway laborer one day and found him suffering with severe headache and pain in back; temperature 103 degrees. The coal tar remedies made scarcely any impression on either pain or fever. On the fourth day an eruption appeared, not more than fifty on whole body, mostly on face and hands, a few on feet. Some never reached the pustular stage. No secondary fever. I had the health officer call, and he refused to quarantine, and the man went to work on the sixth day.

In fourteen days I was called to see his oldest daughter, who was 10 years old. Symptoms same as father's, only not so severe. Again health officer refused to quarantine. On the morning of the fifth day I noticed rash, hardly perceptible on palpation. Toward evening small hemorrhagic spots began to show on the body, and in spite of the best treatment I could devise the patient died at 2 next morning. At time of death almost all of the extremities and face and about half the surface of body was discolored by hemorrhages into the skin. Twenty minutes after death the entire body was a dark purple color.

Three other children contracted the disease, which ran a typical course on them and all recovered.

I found one pit on the father, and not more than four or five on each one of the children. None of the pits were well marked, but they are there as permanent marks at present. These cases occurred over a year ago. The "Cuban itch" theory don't go with me. I had one case of "black small pox" develop from a case such as Dr. Hall describes in the February WORLD.

I have been amused at the theories advanced to beguile male and female children. I will give you an incident that occurred under my observation. Mr. A., who has a family of six, three boys and three girls, was approached by Mr. B., who has a family of six girls. B. asked A. how he managed. A. responded, "that is easy; my next will be a boy. The trouble with you is, you attend to your family duties in the early part of the night. Wait until morning if you want a boy." The next arrival at B.'s was a boy. Mrs. A. also in due time gave birth to her seventh, which was also a boy, as A. said it would be. I simply record this as a curious coincidence.

J. R. SCOTT, M.D.

Garnett, Kan.

Editor MEDICAL WORLD:—I am always glad when THE WORLD comes, and have been very much interested in the articles from the different physicians on the disease that so many call small pox. We have had the disease here in Eastern Kentucky this winter. I have treated some cases of it (about nine or ten) and while it in some ways resembles small pox, yet there are many ways that it does not resemble small pox. The first case of it that I was called to see was a lady, age 59 years, widow; previous health good, color white. When I first saw her I found the eruption on her lower limbs from about four inches above the knees down. It remained there two days before spreading over the entire body, and until it spread over the body she had no constitutional symptoms at all, not even a rise of temperature or headache; but as the eruption spread over the body her temperature rose to 100°, with slight headache, which continued for a few days, then subsided as the eruption dried up and the scales fell off. After the eruption did spread over the entire body it became so thick that the skin was almost completely covered. The eruptions were about the size of a split pea, and consisted of blebs filled with a clear fluid which never resembled pus. There was no induration or redness at all at the base of the blebs. The eruption resembled that of chicken pox more than anything else. There were some few cases that had some headache and a slight rise of temperature before the eruption made its appearance, but none of them were ever sick enough to be confined to bed. Out of 150 persons exposed to the disease only 16 of them had it, and they all had time to take it before we began vaccinating. E. J. FORK, M.D.

Foxport, Ky.

Small Pox—Malarial Hematuria.

Editor MEDICAL WORLD:—Having seen so much written about small pox lately I will add my mite. Will give two cases which I think will convince the most skeptical that it is small pox:

1. Mr. E., 60 years old, fourteen days after exposure had

chill, fever lasting three days, at which time temperature went to normal. Then appeared an eruption, first on forehead and chest, then over the entire body, with the typical shot-like feel. This was accompanied by sore throat. In 36 to 48 hours the eruption had become vesicular, and on thru various stages, papule, pustule, scab. The eruption was from size of half a pea to a dime. After pus formed they turned brown on top, then became umbilicated. Temperature rose to 101° to 102° as soon as pustulation began, and remained there until the formation of scabs. The characteristic odor was present. The scars pitted. The patient fully recovered in about 24 days.

2. Mrs. E., wife of first patient. Being exposed to husband and objected to being vaccinated, I put her on Dr. Coleman's (of Texas) treatment, as I saw published in Alkaloidal Clinic some time ago. This is calcium sulfid, 5 to 10 grains daily; strychnia arsenite, $\frac{1}{16}$ to $\frac{1}{8}$ grain four times a day. This I put my patient on as soon as I was certain that her husband had small pox, but in fourteen days the same symptoms developed as in first case, and it went thru the same course, only a more severe type. Hope Dr. Coleman will pardon this adverse showing of his abortiv treatment, but I followed it faithfully and continued it to pustulation without the least possible effect.

We will soon have prevailing in our malarial districts the worst of all types of malaria—malarial hematuria. I have seen much written on this subject, many panaceas offered, but have never yet seen a treatment that would to my mind stand a crucial clinical test. Nor am I now going to offer anything that I claim will cure any and all cases. I know from past experience that a certain percent. will die, notwithstanding what some others claim, no matter what the treatment.

Taking for granted that the reader knows something of the symptoms and pathology, I will only give my treatment. If any brother wants further particulars they will be gladly furnished. I usually find my patient with temperature of 102° to 103°, skin jaundiced, incessant vomiting, with history of chill. I at once gave five grains of calomel on tongue and repeat every two hours until four doses are taken. I commence at once giving strychnin hypodermically. Sufficient doses to obtain physiological effect. Don't care how much it takes; if 1-10 grain every two hours, I give it. If patient is restless, I add morphin to the strychnin. I give nothing by the mouth after I get thru with the calomel, except ice. I give all the ice patient wants to eat.

If much prostration or jaundice, I put patient in hot pack with mustard added to water, in which blankets are wet.

I also give enemas of salt solution every four hours; this keeps bowels open, and it is taken up by the bowels and feeds the impoverished blood.

With this treatment I have treated successfully many cases. I have but little use for astringents, styptics, diuretics, hemostatics, etc.

Ewell, Tex.

T. SCOTT RAGLAND, M.D.

Small Pox? No!

Editor MEDICAL WORLD:—I see many articles in your journal, pros and cons, on the eruptive disease now so prevalent in the United States. Since the 16th of September, 1900, over 300 cases have been within the bounds of my practice. I saw over 200 of these cases, and in no instance could I say it was small pox.

I will not take up your valuable time and space by telling of the aches and pains which have been so well defined by other doctors. This is a disease that medical writers know but little about, as they have failed to describe it just as it is. This trouble is the reverse of small pox. Small pox umbilicates; this stays round and full till the fourth day, then as the scab is formed it sinks, by drying in the middle first. Small pox scabs fall off and leave pits or scars; a small nodule or bump rises beneath the scabs in this disease, and pushes the scabs off. In small pox there is a second fever; in this the temperature has a tendency to go below normal, and stay during eruption. The nodules which push the scabs off remain a few weeks, then disappear, leaving the skin smooth with pinkish or bluish spots in the skin showing a destruction or disturbance of the pigment layer of skin; these, in a short time, disappear, and no one could tell that the patient had ever had a skin disease. This is the average course of the disease.

Many victims never went to bed; others would not be sick more than two hours with fever, and the pustules would be so thick that they would seem to be stacked one on another. Some would have the other extreme: fever, pains and aches for four days, and only one, two, three, or maybe a dozen pustules would develop. Some would have sore mouths and throats, others would not; five or six out of 300 cases and a pustule develop in cornea of the eye, which would leave a corneal ulcer, which would soon heal. One case, a man aged 45, was told by a physician to get whisky, and when he went to break out to drink freely, making the breaking out appear all at once, and it would be better for him; the sooner he would get over it, the less he would be hurt. So he procured the good stuff, and when the time came he took a pint, and the eruption took his

epidermis; he now has a corneal ulcer which, in my opinion, will destroy the eye. This man and his family of eight or ten had all been vaccinated, and all had this trouble. Other families that were not vaccinated only a part had it, the others escaping. Some who were vaccinated escaped, others did not. With these 300 cases, their variations and no deaths, I can't see how any observant doctor can say it is small pox.

I notice an article in March WORLD from the pen of Dr. J. D. Moorhead, of Leveta, Texas, describing a case from the plains of Texas. This case went from my immediate neighborhood. When the young man returned I asked him what the doctor said to him. "Oh, he gave me a terrible blow; tried to scare me to bed when I was then in the woods helping my brother-in-law cut a load of wood. He sent for the county health officer, who decided that I had small pox, and put me in a tent back of the field; wanted me to go to bed, and fix up a lot of medicine, said for me to take it, but I told him that the doctor on the plains did not give medicine, and I was not going to take it nor go to bed, either, and I didn't. They put an old soldier to guard me. That guard and I stayed in the woods most of the time hunting; during the day we would go over to the house and I would sit on the wood pile; my folks would come to the yard fence and we would have quite a talk. We only stayed at the tent at night and meal time." And yet this was "the worst sort of a case of small pox."

Wherever small pox goes, death is the result; wherever this eruption is, death is not known, and the doctor is not needed, except to assure the people that they are not yet in danger. I tell my patients to stay indoors, take care of themselves, eat a light diet, and I will preach the funeral sermon of every one that dies of this trouble free of charge, and I am no preacher, for I know I will not be called upon. Lockney, Texas. D. J. THOMAS, M.D.

Editor MEDICAL WORLD:—As my humble contribution to the subject, Cuban itch or impetigo contagiosa, which is now under discussion in THE WORLD, I submit the following case: D. K., twenty-one years of age, machinist, came home with shifting neuralgic pains, slight gastric disturbances and very moderate headache, as prodromal symptoms; temperature rising to about 102° F. After three days an eruption made its appearance, with sudden fall of temperature to about normal, and disappearance of all other symptoms with the exception of an annoying itching. As to the character of the exanthem, it started as hard nodules, which developed gradually into rather flat pustules, which, with their vivid red base, closely resembled an ecthyma or impetigo. As to the content of the pustules, it was never transparent (as witness variola in its first stage); it became rapidly opaque, the cheesy, yellow matter drying into a dirty crust. The eruption was distributed over face, arms and upper part of the trunk. Pustules didn't show any depression in the center, so characteristic in variola, nor was there any perceptible smell. Furthermore, histologically, the multilocular construction of the pustules, as in variola, was wanting. While I was bound to report this case to our local Board of Health as an eruptive—very likely contagious—disease, I couldn't afford to diagnose this affection against my better conviction as small pox. I designated it, in want of a better name, as impetigo varioloides, which means something simulating variola. However, our overzealous health officer pronounced it true small pox, removed the patient to the pest house and placed the inmates of the house under quarantine, *without even seeing fit to notify me first of such drastic steps!* Said health officer is quite a young doctor, to whose opinion I had to submit, as a practicing physician of thirty-three years of practice and sixty-four years of age. I have in the past seen several epidemics of small pox, treated many cases of the most virulent type, and hundreds of a comparative mild form, and ought to be able to know which is which.

Commentary on this case is superfluous. I can only endorse what Dr. O. C. Martin, in his article, page 137, April WORLD, so aptly says, by quoting his words: "To quarantine families for this affection, subjecting them to financial loss and other inconveniences, is nothing less than an outrage," etc.

As to the treatment I used in above case (as long as patient was under my care), it was very simple. In the beginning, a brisk saline cathartic, with small doses of calc. sulfd. for its anti-purulent effect. In the evening a few tonic doses of quinin. Locally I brushed over the pustules with the following, which has rendered me excellent service in similar affections:

Hydrarg. bichlor. cor	gr. ¼
Acid carbolicola	gr. xx
Spir. Camphor	3ij
Collodion	3vj

The effect of this combination is both germicidal and antipruritic. If applied early, in true small pox, it prevents pitting. A. C. ZIEGLER.

Allegheny, Pa.

Small Pox.

Editor MEDICAL WORLD:—We have small pox here and have had it for a year or more, and it is "Simon pure" in quality, tho a vast number of "the people" call it "Cuban itch" just because it is discrete, and very mild at that, and also because none have died. Just here I wish to say that the cause of so much small pox now is because the above fact leads to carelessness in its dissemination. The people cannot understand why small pox is not the loathesome and fatal disease that it formerly was. The physician should warn the people of the danger of its contagion, and that it is small pox. Dr. Schmidt, in March WORLD, advanced the correct explanation: "This mild form of small pox is due to the immunizing process which one generation hands to another by vaccination." If we would require universal vaccination, small pox would soon become a disease of the past. It would be well if every state should require, by law, that every child entering the public school show evidence of successful vaccination. [This is now done in many places.—Ed.] Make that an iron-clad requirement. The greatest treatment in all diseases is the prophylactic. Scooba, Miss. H. W. RENCHER, M.D.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Syphilis.

Editor MEDICAL WORLD:—Please diagnose this case for me: Patient a married lady, age 22; contracted gonorrhea two years ago; seems cured, but has a gleet. Has aching in arms and legs; sore spots on the arm, on the bone, and on the thighs; muscles not sore. Pimples or blotches, fiery red, on the face when near the cook stove or any other heat. Purple splotches on breast, some dizziness, foul breath, lusterless condition of hair. Has constipation of bowels. Patient never had chancre nor sore. Husband had clap at same time that the wife had it. He has red pimples on face, forehead and chest, and aching in long bones. Appetite good at times; not regular.

Waukomis, Okla. S. F. SCOTT.

[Put them both on syphilitic treatment. Use your own judgment in such cases, and don't depend entirely on the fact that patient denies having had a sore. Read up some good authority on syphilis.—Ed.]

Treatment of Syphilis.

Editor MEDICAL WORLD:—I wish you would give the most modern form of treatment of syphilis. What form of mercury do you use, and how do you administer it? I have a great deal of it to treat and generally use either biniodid or bicyanid, but I saw in a back WORLD that the gray powder was the best form.

Your "Monthly Talks" are all right, and I only wish I was in better shape to disseminate them. DR. A. O. REPPETO.

Monta Villa, Oregon.

[The protoiodid in such doses as the patient will bear, has the most favor at the hands of combined authorities, yet certain excellent men have held out for the "grey powder." We prefer the protoiodid, but always use the "grey-powder" if the former disagrees. It is not so much the form in which you can get mercury into the system, as it is the getting of it in without disturbing nutrition. Mercury is always mercury, and will always produce the desired effect in syphilis if you do not derange the systemic functions; think less of your drug and its name, and more of your patient and his peculiarities. Try the protoiodid first, and hold the "grey powder" in reserve. —Ed.]

Is a Doctor's Highest Duty to His Syphilitic Patient or to the Innocent Girl?

Editor MEDICAL WORLD:—I always am glad to get THE WORLD. It is the most welcome of all the journals I receive. I would like to ask your "family" as to what is a doctor's duty? I have a patient, 28 years old, who has syphilis, which I have been treating. Now, I learned that he is keeping company with, and expects to marry, one of the most charming, pure and innocent of girls, while yet under treatment. The family has heard from other sources that he is taking treatment from me, and they wanted to know about it. What was my duty: to my patient or to the innocent girl? I neither affirmed nor denied the fact; but my way of answering must have had effect, as the engagement is broken. Now the patient threatens to bring suit against me for betraying confidence. My attorney tells me no one can be punished for telling the truth under any circumstances. How would the other members of the "family" act if they were in my place?

Joplin, Mo. M. B. HARUTUN, M.D.

[As the engagement is broken, your conscience is stilled; now think of caring for yourself. You know that he had syphilis, and can swear to the fact. You say you never told that he had it. Go to him and tell him that you did not betray confidence, but that if placed on the stand before court you will be compelled to "tell the truth, the whole truth, and

nothing but the truth." This will satisfy him. He will not want the matter published to the community. There is no danger of him suing you, and if he should, every court in the United States will uphold you. It is a crime for a man with uncured syphilis to marry. It is assault, and aggravated assault.—Ed.]

Opium and the Salicylates.

Editor MEDICAL WORLD:—Will you kindly inform me where I can get information regarding Haig's observations on the treatment of the opium habit with salicylate of sodium? I wish to know dose and method of administration.

Denver, Col. A. P. ROWLEY, M.D.

["Uric Acid in the Causation of Disease," by Haig, is published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa., at \$3.00, from which we make the following extracts: "If salicylate of soda is given along with, or in sequence to the first dose of opium, it prevents the opium causing any retention of uric acid, and then the opium rebound on the following day is greatly modified or fails to appear."

"This has led me to suggest the use of the salicylates in aiding to throw off the morphin habit, and I know of many cases where my suggestion has been followed with advantage."

"In my own person, a dose or two of salicylates after a dose of opium, completely prevents what I call the opium rebound; and there is no high blood pressure, headache, depression, or other ill effect from the drug next day."

He quotes cases in which the salicylates have been used with success.—Ed.]

Testicle Retained in Abdomen.

Dear Editor:—I delivered a boy four months ago. The parents are healthy and so is the baby. A few days ago the father called my attention to the fact that "the left testicle lookt small." Today on examination I could not find any left testicle. The right one is prominent and normal, but no sign of the left one. The baby is, as I said, very healthy, and seldom cries. No hernia nor trouble in urinating. What is the opinion of the readers as to the prognosis, etc.? I cannot find anything about any case similar to it.

Joplin, Mo. M. B. HARUTUN, M.D.

[Either testicle may be retained within

the abdomen, and yet general health remain at normal status. Such cases are common. Maintain a judicious silence, except in so far as assuring the family that everything is all right. Let the missing testicle alone till it bothers you. You will not likely have trouble.—Ed.]

Obstinate Eczema.

Editor MEDICAL WORLD:—I have a patient that I need some help on. Lady, 28 years of age, married, one child, good habits and cheerful disposition. She has red spots on her face that are unsightly. When she gets warm over a stove her face itches and burns. Up in the edges of her hair the spots become a little scaly. She has also a few splotches over her body. My diagnosis is eczema. She has had this trouble for ten years, and has been treated by a dozen or more good physicians, with only temporary benefit. She has always been in fair health, except constipation. Her bowels move once every one to three days. Since I have been treating her, have kept her bowels well open. Under 10 grains of red oxid of mercury to an ounce of vaselin the splotches all cleared up except one on either side of the nose the size of a ten cent piece. As soon as treatment stops the trouble returns within a few months.

Four years ago I treated her thru a two weeks' spell of malarial fever during which time every vestige of her eczema disappeared, only to return again in a few months. Why was this? Was it diet? She has taken arsenic, strychnin, tonics, etc., for months at a time with no appreciable benefit. If you can give me a suggestion it will be greatly appreciated.

Farmer's Branch, Tex. W. H. BUTLER.

[The impaired nutrition of severe acute illness often influences local pathological processes. Arsenic will hardly do much good. Investigate the kind of soap she uses. Your control of the bowels is proper; continue it. Examine her urine carefully for sugar. Apply to remaining spots:

R
 Chrysarobin.....10 gr.
 Oil cade.....1 dram.
 Lanolin.....
 Vaseline aa q. s. 1 ounce.

Your diagnosis is correct, and you can cure her. This application may need to be changed later. The trouble may return, in time, however; but if you can com-

pletely eradicate all vestige of the disease for a time, both you and she will be fortunate. "Permanent" cure is out of the question in many cases, particularly of some kind of skin affections. We can't make people over again. If she can keep herself cured by occasional treatment she should be very glad. Do not promise too much, since tendency to eczema runs thru families and persists thru generations. Write us again if trouble is not eradicated by treatment suggested. On second thought, the possibility of specific taint occurs to us. It might be well to try specific treatment awhile "on the sly," and watch effect. You might have the satisfaction of seeing the trouble clear up beautifully.—Ed.]

Diabetes Mellitus.

Editor MEDICAL WORLD:—I wish help thru the columns of your good journal on diabetes Mellitus. Hope you can get my request in next issue, that the readers of THE WORLD will contribute a few good articles on its medical treatment, also diet allowed. Let us hear from those who have treated this disease successfully. Name the medicines used, and in what doses, and at what intervals. Will the Editor also suggest how he would treat it. I am deeply interested in 3 cases I now have under treatment.

C. B. HOLMES, M.D.

Palmetto Home, Miss.

[Those "who have treated this disease successfully" are few, indeed. The prognosis is fatal, in time; we doubt if any true case has ever been cured. One may have sugar in his urine without having diabetes, and the reported cures are probably monuments of error in diagnosis. In The Cyclopaedia of Medicine and Surgery, Gould & Pyle, published by P. Blackiston's Son & Co., 1900, the following statement is made: "A well developed case in a child of 12 years probably never recovers, though amenable to treatment to a degree. Mild cases in persons over 50 are so far amenable to treatment that they may be regarded as curable—at least, as long as a suitable diet can be maintained." We have never cured a case, though we have speedily benefited every case coming under our control. The diet is more important than medicines. Rigidly exclude sugars and starches. Pure gluten bread is the only bread permissible, but it is distasteful, and the purer the gluten the more

nauseating becomes the taste. Allow soup of beef, veal, chicken, oyster and clam. Give any kind of fish. Allow radishes, sardines, olives, celery, lettuce, cucumbers, cabbage, tomatoes, onions, water-cress, asparagus, mushrooms, parsley and all kinds of herbs. Give nuts, acid fruits, lemons, cheese, jelly and ice cream without sugar. Tea and coffee without cream or sugar may be allowed. For other drinks one may have buttermilk, skimmed-milk, sherry wine, beer, ale, claret or burgundy. The alkaline mineral waters are often grateful. Only two drugs stand the test of any series of cases: arsenic and opium. Outside emergencies, confine yourself to them. Fowler's solution in 5 drop doses, four times a day, with intermissions, is generally the most successful. Opium is better, but the by effects and disadvantages mar its availability. Codein is the best of the opium preparations; begin with $\frac{1}{4}$ grain three times a day, and add $\frac{1}{4}$ grain each day till you get effect or until 10 grains per diem is reached. It may then be reduced, in many cases, without loss of effect. Tonics are necessary in most cases, and alkaline mineral waters always prove beneficial. If constipation be a factor, nothing equals mercurial purgatives. Keep patient in open air as much as possible, and insist on woolen clothing suitable to the season. Diabetics are very susceptible to pulmonary complications.—Ed.]

Corrections.

Editor MEDICAL WORLD:—My $\mathcal{R}$ on page 154, April WORLD, is not correct. It should read:

$\mathcal{R}$
 Resorcin 75 gr.
 Bismuth salicylate,
 Tannin $\text{aa } \frac{1}{2}$ oz.
 Sodium carb.
 White sugar, ... $\text{aa } 2$ drs.

M. Make powder. Sig.—Small teaspoonful every 2 hours.

Manchester Mo.

AUG. MEISCH.

In response to several requests for the formula for "Hoff's Consumption Cure," we clip a so-called formula for the same from a reputable exchange and inserted it in March WORLD, page 117. It now appears that that formula is not only incorrect, but that the dose of arsenic contained therein is dangerous. Always use your judgment concerning formulas of nostrums.

Editor MEDICAL WORLD:—Allow me to correct formula for Hind's honey and almond cream in May WORLD, page 184. Should read:

Oil of sweet almonds 5 parts.

Not "ointment" of sweet almonds.

Kansas City, Md. E. W. COHEN.

In March WORLD, page 107, near middle of second column, "atropin 1.20 gr." should read: atropin $\frac{1}{10}$ gr. Better take your pencil and mark it now while you have it in mind.

Current Medical Thought.

Prevention of Stomach Curds.

In The Muenchener Med. Wochenschrift, for November 27, 1900, Von Dungern suggests a new method of rendering cows' milk readily digestible by infants and small children. Himself and others have used it for a considerable time with marked success. If desired, the cow's milk may be boiled when received, and then set away; just before using a portion, it is heated to 99 or 100 degrees, F., and coagulated with a small amount of aseptic rennet; it is then well stirred till the curd is entirely broken up. The milk is thus restored to pretty near its normal appearance, and the taste is said to be but slightly affected; the children take it with avidity, and there can be no possibility of the formation of curds in the stomach.

Chronic Alcoholism.

For chronic alcoholism Sturgis & Cabot (Venereal Diseases, 1901) commend half an ounce of cod liver oil to which is added ten to thirty minims of dilute phosphoric acid. This is taken three times a day, or it may be taken oftener if necessary. It acts by toning up the depressed nervous system.

Removal of Powder-Stains.

Last summer an Italian woman came to me to have me remove powder-stains from her face. A boy a week or 10 days previously had thrown a giant shooting cracker into her face, badly and permanently blacking it. In the meantime, she had applied to a hospital and had been subjected to several long, painful treatments in futile attempts at picking the powder out of her skin. On her visit to me I, also, attempted to pick out the individual grains, but it was so tedious, and the patient objected so much on account of the pain that I began to look around me for some other way. A chem-

ist friend suggested the use of hydrogen dioxide. I applied it at once, full strength; and gave the patient a bottleful to use at home. She came back in 2 days with the powder-stains all removed. I have been waiting for another case, but as more than 6 months have now past without my seeing the second one I send this account to you for publication.—J. Neely Rhoads, in *American Medicin*.

Death of an Eminent Foreign Professor.

Joseph Fodor, M.D., professor of hygiene at the University of Budapest, has recently died. He was born in 1843, studied under Pettenkofer at Munich, and later under Baron Liebig. Dr. Fodor was, after his master Pettenkofer, the best known of the European sanitarians, and did much toward rendering Budapest the healthy and beautiful city it now is. He was a man of many gifts, and was for some time joint editor of the medical journal *Orvosi Hetilap*.—*Medical Record*.

Editor MEDICAL WORLD:—Enclosed please find \$1.00 entitling me to THE WORLD for another year beginning May 1st next. I do not wish to miss a number. It is the best journal I take out of six. I admire your unselfish broadminded views on subjects of general and public interest. I also want to thank you for your arraignment of editors who publish medical journals solely for the purpose of pushing proprietary preparations in which they are interested. I regard them as no better than patent medicine vendors. Many physicians, who are either too ignorant or too lazy to think for themselves, habitually prescribe these preparations and compel their patients to pay the exorbitant prices demanded for them, which are in many cases inferior to similar preparations manufactured by regular pharmaceutical houses. I have found it necessary to discontinue my subscription to one such journal in order that I might attend Sunday School and have no twitching of my conscience from having expressed my opinion regarding the editor. I look for THE WORLD every month with the same anticipation that I expect a letter from my mother.

Gray's Summit, Mo.

W. M. WHEELER, M. D.

Book Reviews.

[Crowded out this month.]

Our Monthly Talk.

We have spent over \$200,000,000 on the Philippines, which we are beginning to realize was worse than wasted. What would that amount of money spent at home have done for us? Less than half of this amount would have established a Government telegraph, either by purchasing existing lines at a fair valuation, or by building anew. With a little extension here and there, this would have put a wire into every post office in the United States, placing even our remote citizens into immediate telegraphic communication with all the rest of the country, and at nominal rates—10 cts. for a telegram of ten words to any post office in this country! It requires only a moment's thought to convince any one that the transmission of intelligence should be free from private or partizan control. This is the reason that governments have established postal systems. Should Uncle Sam be confined to the saddlepack, the stage coach and the railway, while private corporations, franchised by

the government, have exclusive use of the electric current, leaving poor old Uncle Sam far in the rear? All civilized governments have added the telegraph to the postal service except Cyprus, Cuba, Bolivia, Honduras and the *United States of America*! One of our citizens (Prof. Morse) invented the telegraph, but instead of, at this late day, giving our citizens the benefit of it, we have wasted on the Philippines more than double the amount necessary to establish a government telegraph, and still the Philippine waste goes on without prospect of it ceasing, and we are making no effort to establish at home civilized improvements for ourselves like a postal telegraph, owned and operated by our own government, for the service of our own people, at cost, no profit to any body. The mail system is not conducted for profit, but for service—what express company would carry and deliver a letter to any part of the country for two cents?

What would \$200,000,000 do if judiciously expended in preventing the frequent and disastrous overflows of the lower Mississippi valley? I leave this to your imagination. Do you know the extent of country involved (the richest and most productive soil in the world), and the destruction involved? Do you know the possibilities of construction in this region if it were only made safe from these disastrous floods? Also what would \$200,000,000 do if expended for irrigation systems in the arid regions of Nevada and other parts of our far west? By these reclamations from both flood and aridity, we have the possibility of creating the richest of empires right here in our own borders—empires that would much more than pay for the outlay at once, and thereafter be a source of immense annual wealth. We wandered far from the counsel of Washington when we coveted the Philippines. The victory of Manila Bay is proving the most disastrous victory that we ever achieved. However, the fighting was not at fault; it was our ill-judged covetousness afterward.

The \$200,000,000 would have bought or built a good trunk-line railroad, which would have given us a start toward government railroads. When we get a good start we can move rapidly, for the rates and service on the government road will be an example of what the people can do for themselves, if they will only try.

We have been wasting our substance in an orgy of destruction and nothing but loss and trouble is in prospect in the direction in which we have been going. The same effort and money spent in constructing here at home would pay handsomely, would wrong or injure no one, and would be a source of permanent advantage and satisfaction to ourselves. Which is wiser?

In addition to the financial and moral aspect, we must look at the question of territorial expansion in distant parts of the globe in a political way. No chain can be stronger than its weakest link. From a condition of solid unity (except Alaska, which is remote from the routes of commerce and travel) at a safe distance from any possible enemy that we need ever fear, we have by annexing Hawaii and Porto Ricco, and our position in the Philippines, entirely abandoned our position of safety, and placed our flag at the mercy of possible or probable enemies. Why

should we have brought upon ourselves the task of protecting such distant islands forever? Such sentiments as "the white man's burden," "our duty in civilizing and Christianizing heathen and semi-heathen peoples," etc., are responsible for it. These sentiments sound well, but it seems strange that efforts to carry them out always result in land grabbing and exploiting the people for commercial purposes. From a military point of view, we are weaker in proportion as these distant islands are more vulnerable than our home coast. Commercially we are poorer in proportion as these possessions have cost more than they are worth, plus the cost of their protection. Could envious nations have set a better trap than the one we now find ourselves in? Let us cease looking covetously toward distant islands, and turn our attention to internal development. We have right here the greatest and the richest country on the globe. The full development of its resources will require the best efforts of many, many generations. No effort will pay better than rational effort right here at home. We can "bring the world to our feet" more certainly in this way than in any other. We can enlighten the world better in this way than any other, for art, science, literature, learning and refinement, grow in a country of prosperous, peaceful and happy homes. If we ever become capable of giving Christianity to peoples that seem to need it, it must come from our best homes—it must come from the very apex of our civilization. It must be the best quality at the start, and it must be a kind that will not spoil in transit across the sea. The kind that "Christian" nations are now sending out, along with their bayonets and beer, is several degrees lower in quality than the heathenism that it comes in contact with. Our country and the world need our best efforts, politically, morally and religiously. All collective effort must be made up of individual effort. Let us strive to have our Government to stop this useless waste abroad, and develop all the great possibilities in our own country and our own people, not forgetting that such important public services as the telegraph and railroads should be used for the service of the people and the development of the country, and not for private profit. Let us not try to exploit other peoples, nor allow corporations to further exploit our own people.

As Others See Us.

We take the liberty to comment upon the public acts of foreign countries, and we do it freely; but we seldom realize that they have the same right to comment upon our public acts. They do so as freely as we comment upon theirs, and in about the same spirit; but we seldom take the trouble to find out what they say. We often feel that they would be profited by taking to heart what we say of them; how about us taking to heart what they say of us? At any rate let us open our eyes for a moment and look. The following quotations are taken from *The Literary Digest*, with comments by City and State.

"European comment on the capture of Aguinaldo is brief, and almost without exception is to the

effect that General Funston's method violated the spirit, if not the letter even of the rule that everything is fair in war. 'Some things are not fair even in war,' says the *Fremdenblatt* (Vienna), 'and one of these is forgery. Funston's act was contemptible.' 'Quite American and therefore hypocritical,' is the verdict of the *St. Petersburg Zeitung*. 'Treachery, contemptible treachery,' says the *Epoca* (Madrid). 'Essentially dishonorable,' declares the *Petite Republique* (Paris). 'A perpetual shame to the American republic,' comments the *Lanterne* (Paris). 'The white man has had to bend very low in order to get the burden on his shoulders,' says the *Guardian* (Manchester)."

Even English remarks take on substantially the same tone that is found echoing around the world. The *Saturday Review* (London) declares the "capture was effected by a gross act of treachery." "If that is what is said now, we can hardly have a doubt of what the verdict of history is going to be. Especially English papers that tell the truth about England, and of the course of the English Government in South Africa, will not be expected to hesitate in telling the truth just as it seems about the American Government and what it is doing in the Philippines. So the *Manchester Guardian*, continuing what it says above, remarks:

"There have been more wicked wars than this on the liberties of the Filipinos, but never a more shabby war. It is nearly three years since the Americans, having gone to war with Spain for the liberties of Cuba, decided that it was their manifest destiny to deprive the Filipinos of their liberties. This was called taking up the white man's burden. For some time the Americans quite honestly believed that they were doing rather a noble, self-denying thing; but the cant phrases of three years ago are worn threadbare. Had Aguinaldo been captured in some spirited action in the field, American interest in the war might have revived. As it is, it was effected by a piece of sharp practice thoroly in keeping with the rest of the war. Of all that curious mixture of sentiments, noble and ignoble, out of which the war with the Filipinos sprang, only the element of hypocrisy seems to have retained its original vigor."

This may strike most of our readers with surprise, at least after reading the lavish praise for the "feat" in our papers. Perhaps we can best understand the foreign view of this incident by imagining the capture of General De Wett in South Africa by the British by exactly the same methods. Let the plan begin with forgery, and end with sending to General De Wett for food to enable them to finish their journey—to capture the man who saves them from starvation! Even savages have pride and honor concerning acts of hospitality. What would our papers say if the British were to capture General De Wett by the Funston method? We sympathize with the brave Cronje, the lion of the South African war now languishing with his men on the island of St. Helena. But however much we may sympathize with Cronje we cannot blame the British, for it was open (and supposed to be "honorable") warfare, the English being fortunate in having vastly the larger force. No forgery, no bribery, no hiring of traitors, no lying, no deceit, no violating of solicited hospitality; yet we sympathized with the brave, the defeated Cronje. We can easily imagine how we would feel if the brave and resourceful De Wett should be captured by the Funston method. The civilized world would be horrified and enraged.

Will the Philippines Pay?

One of the notable articles of the month is by Judge Doster, of Kansas, in the *Arena* for May, on "Will the Philippines Pay?" It is brief, plain and straightforward, dealing with figures and undisputed facts. The article is rather too long for reproduction here, but the following

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1900, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
throuth (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preferit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

Medical and Surgical Cases Resulting from Celebration of July 4th.

The slaughter that every year follows the Fourth of July celebration is deserving of more than casual notice. The number of deaths directly due to our method of celebrating is appalling, and the illness and deformities can never be estimated. The American is a peculiar composition, and his idea of celebrating is to make as much noise as possible; or to drink and eat to excess. Thus physicians get a "run of business" on the fourth of July and succeeding days.

Tetanus appears to follow "celebration wounds" to an alarming extent. Dr. Wells' (Medical News) reports 27 deaths from tetanus in Chicago alone, resulting from celebration wounds. The mortality induced him to examine the materials used in the cartridges in 1899 and 1900, and in no instance did he find the bacilli of tetanus. Were it located in the explosive, the heat of the discharge would probably give it a final quietus. It is evident that the infection is from other sources. Such information should place us on our most alert *qui vive*, for the responsibility is great; thoro disinfection of wounds would probably remove, or destroy the bacillus

of tetanus. Do not hesitate to anesthetize, and explore, excise, and cleanse thoroly with the most powerful antiseptics. Bichlorid of mercury, formaldehyd, carbolic acid, and the actual cautery are all reliable if used in properly selected cases in a thoro manner.

In the event of actual tetanus infection being feared (and who can even guess?), the use of the prophylactic dose of 5 cc. tetanus antitoxin is suggested by the Editor of the Journal of the American Medical Association. Once the infection gains the lead, the results from the use of the antitoxin are not flattering. If tetanus actually develop, we would advise the abandonment of the serum and the adoption of hypodermic injections of carbolic acid according to the method of Bacelli: A 2 per cent. solution of carbolic acid is injected subcutaneously every two or three hours in doses which will sum up 3 grains daily, and this amount may be rapidly increast to 8 grains each day. The danger of carbolic acid poisoning is nullified by the action of the tetanic poison. Dr. Ascoli (Bulletin della R. Accad. Med. di Roma, Anno XXIV., fasc. IV., 1898) sums up his extensiv investigations in the following conclusions: (1) Statistics show better results from the use of carbolic acid than from the use of serum. (2) The carbolic acid must be given hypodermically and in large doses. (3) Under its influence the convulsions rapidly decrease. (4) The acid acts as an antitoxic and as a moderator of the reflex activity of the nerve centers. (5) The energetic local disinfection, combined with support of the patient's strength is the cardinal point in the treatment of tetanus. (6) Serum treatment is useful as a preventiv.

Be well equipt and prepared for probable emergencies; act promptly and decisivly; omit no essential features of present knowledge of the treatment of such injuries, and there will be fewer after regrets.

WORLD four years for \$3.00.

Malarial Hematuria.

The great variance of opinion as to causation and therapy of malarial hematuria entitles this trouble to the careful and studious attention of every WORLD reader who has seen a case. We have had enuf opinions in certain "authoritativ text-books," whose authors and editors have admitted that they have never seen a case. Such authors concede to the southern practitioners the right to speak energetically. The article in this issue from Dr. M. A. Dunn, of Colfax, La., is helpful and reveals a master hand in medicin.

The personal experience of the WORLD staff has not been extensiv; and we do not pit our access to the literature of the world against the clinical experience of the men who frequently meet this trouble clinically. We hope that by response from our faithful readers some benefit may accrue to the sufferers from this complaint.

This affection was first given public attention in America by Dr. Maxwell in the Oglethorpe Medical and Surgical Journal publisht in Savannah, Ga., Vol. III, pages 12-18, July, 1860. Later writers have given it more or less attention. It is said to be a frequent symptom of pernicious malarial fever, tho occasionally the sole symptom of mild malaria in the middle United States (Tyson, Practise of Medicin, 1900, Blakiston), this author declaring it a true hemoglobinuria. He also states that if he were thus afflicted, he would want quinin. Other authors and practitioners take issue with him. Kamerun has classified the malignant agues, and among them states that hemoglobinuria, or "black-water-fever," occurs in ten per cent. of all cases. Albert and Friedrich Plehn, who followed Kamerun's classification, declare that such types are made distinctly worse by the administration of quinin (Practical Medicin, Thompson, Lea Brothers, 1900). Many experienced observers hold that quinin encourages and induces the disintegration of the

corpuscles. The excessiv use of calomel is not now advised by the mass of authority, but many of the best practitioners hold that many cases will only respond to quinin after calomel has been administered.

The main factor to be settled is as to whether quinin is the most essential drug in this disease, symptom, or complication. Authorities seem equally divided; some for it exclusiv of all other medication, and others bitterly against it under any circumstances. Undoubtedly quinin has done valiant service in cases where this symptom has appeared, and it is possible that it has done grievous injury in full as many cases. Let the WORLD family speak. While the matter does not vitally interest a majority of our readers, it is of sufficient importance to lay claim to our most earnest attention.

Methylene blue has many partisans, and few detractors. Arsenic has not found universal acceptance. We are speaking of the principal drug, and not of adjuvants, or medication for special indications. It is only because quinin has been lauded as a "specific" that we wish to learn if there are other "specifics," or if, indeed, there be one. Let us hear from those who have been "on the firing line" for extended periods.

Severe cases terminate so quickly that subsequent pathological investigations yield faint results regarding therapeutical suggestion. Mild cases are common. We wish to hear from those who have had pronounced cases, for nearly every doctor has seen the mild cases recover "despite medication."

The Gastritis of Young Children.

This affection is not by any means rare, but for some reason is seldom properly diagnosed and judiciously treated by the general practitioner. Acute gastritis in the child is an acute inflammation of the glandular mucosa of the stomach, interfering with digestion, and is generally due to the ingestion of irritating foods; so the

etiology and pathology are the same as in the adult, but the symptoms vary somewhat owing to the age of the patient. In the child the stomach is less tolerant of irregularity in feeding, of extremes of heat and cold in foods, of highly seasoned or indigestible articles, and is of nervous domination. Hence the astute diagnostician finds cases of acute gastritis where his blundering brother practitioner sees only irritability or nervousness due to heat or teething. It is true that acute gastritis may be induced by excessiv heat or by teething, but it generally requires the assistance of unsuitable food to draw on the canvas the complete clinical picture. Any human being may have gastritis at any age, and children are more exposed to to the chief etiological cause than are adults. The change from breast milk to artificial food, or from the "bottle" to "table food," is often so abrupt as to induce this malady unless the physician know of the innovation and be on his guard. It is well to watch carefully such children as are known to have an enfeebled or neurotic ancestry, or who have been "raised" exclusivly on proprietary foods when the time for a change of diet arrives. We all know that sudden chilling of a heated child will often induce the trouble.

When attackt the child becomes listless if awake; if asleep it wakens with shrill and continuous cries which are caused by pain in the abdomen. In the young child the thighs are flext on the abdomen, and the legs on the thighs, and around the mouth and chin there is a pallid or bluish tint. There may or may not be fever, but vomiting with intense nausea is an almost constant symptom. If there be fever it rarely passes 104° F. Hydrochloric acid is deficient in the vomitus. The emesis continues after the stomachic contents have been expelled. While the tongue is heavily coated white or brownish-yellow, it is red at the tip and edges. There is always anorexia, and in nearly

every instance diarrhea is noted. After the contents of the bowel have been evacuated, succeeding stools are composed mainly of mucus. Convulsions are seen occasionally in the beginning of an attack. There may be hyperesthesia of the abdomen, with tympanites.

If the child has been properly fed up to the time of the heinous indiscretion in diet, the chances for recovery are good; if the child is debilitated from a course of indigestion due to unsuitable foods, the prognosis may become grave.

The indications are plainer when the diagnosis has been made in a way which is precise and conclusiv. Get rid of the irritating material. Do not check the vomiting (unless the patient is first seen in a state of exhaustion). Encourage it by dilute mustard water or small doses of ipecacuanha. Hot water bottles to the abdomen will relieve the pain temporarily. Calomel is indicated in every such case; but it is often advisable to follow it with castor oil before trusting to it to purge satisfactorily. After the purge come the intestinal antiseptics and digestants, and every physician knows how to use them. Return to solid food should be made gradually, lest attacks recur.

We hope our readers will nail such cases before they drift to the danger line of cholera infantum and toward the Great Beyond.

The Sulfocarbolates.

These drugs have had too little attention from the profession. They are official in the British Pharmacopeia. Zinc sulfocarbolate is obtained by heating a mixture of phenol and sulfuric acid and saturating the product with zinc oxid. Other sulfocarbolates are prepared in the same manner. The zinc and sodium salts are the only ones which have come into common use, and those who have had most experience with them praise them highly. They have decided antiseptic and astringent power, and are not as irritating

or poisonous as the acid from which they are derived. The most frequent use has been as intestinal antiseptics in typhoid fever or intestinal fermentation. King recommends the use of the zinc salt as a urethral injection in gonorrhea, claiming that it has all the advantages and efficiency of sulfate of zinc and is devoid of the inconveniences attending the use of that drug. He uses one to five parts of the salt to 100 parts of water. Dr. Halbert advocates its use in cholera morbus, cholera infantum, septic diarrhea, dysentery, and tuberculosis with dysenteric complications. (King's American Dispensatory, 1900.) Considerable difference of opinion exists as to the most available method of administration, but most prefer to give it in pill form. It is also used in solution, in tablet, and in powder triturated with sugar of milk. The dose may be laid at 1 to 10 grains; 1 to 3 grains being the ordinary dose. The Eclectics use it when the "tongue is pallid, moist, pasty, and dirty." We should like to see these salts have a more general use during the present season.

Sanitation of Public Conveyances.

It is ludicrous for the physician to exhort and implore his patients upon the subject of vaccination against small pox, and ignore the greater danger of every day infection from more common diseases. Many physicians have done noble and meritorious work along these lines, but the mass of the profession is not yet aroused sufficiently.

Certain cities have past "anti-spitting" ordinances for street cars; this will do good if enforced. It is proposed by a sleeping car company that they will hereafter use white, instead of colored blankets; the moral is plain, yet while any one may see dirt, no one can see germs on even a white blanket. We are not aware that any corporation has yet agreed to disinfect their conveyances. Influence and preaching will be certain to tell in the end. It is now in order for every WORLD reader to use some of his time and influence in endeavoring to induce corporations to disinfect their conveyances at stated intervals. Such disinfection can be performed cheaply by the aid of formaldehyd gas. The time

required is not great, and the expense is small. Even august legislatures might well turn their attention to this subject.

Personally, we would hardly care to occupy a berth in a sleeper which we knew had been occupied the night before by a person who suffered from small pox, consumption, cancer, or other namable diseases; yet we all do it frequently. That "what one does not know will not hurt him" can hardly maintain here.

The drinking cup is beyond hope; but public conveyances can be disinfected, and they should be. We would advocate a law requiring every cab and car to be subjected to perfect fumigation by formaldehyd fumes frequently. The heaven is working, and a little more judicious agitation will bring certain results. Only the doctors can, or will do it; and they will in time, but they are *so* slow. Our vagaries would carry us still further: the money received by such corporations should be disinfected. Such cash is often held by the corporation a number of hours before it is redistributed, and could be readily and thoroly disinfected at a modicum of expense, and the maximum degree of safety to the public. Banks should be required to do the same. This money is always filthy. It passes thru all kinds of hands; it is often carried in filthy pockets, and often noticed in infected mouths; no better nidus for transmission of germs could be put into circulation. The edges of the raised letters on coins collect dirt, and the soft interstices of a greasy bank bill are ideal nesting places for germs.

"Bug Hunting."

It is interesting to recall the fact Dr. Carlos Finley, of Havana, Cuba, has upheld for many years the theory that yellow fever was transmitted by the mosquito. He was ridiculed, and was never able to prove his theory; but since the transmission of malaria by the mosquito has been so well investigated, the theories of Dr. Carlos are entitled to both respect and investigation.

In celebration of the scientific recognition of his theory, his friends recently tendered him a banquet.

There has been a disposition on the part of many people to ridicule "bug-hunting" on the part of physicians. It looks now as if nations may be compelled to take up the occupation.

Information on Sexual Matters Tendered the Laity an Error.

There are thousands of prostitutes and libertines to-day who trace their first venture in waywardness to information given by some doctor who gave information which was uncalled for. Patients often seek information as to methods of avoiding conception with the intention of indulging in illicit sexual intercourse. No physician should allow himself to tender any such information; but some physicians seem to take pride in retailing advice which they seem to think will impress the patient with their deep knowledge of Nature's mysteries. Modern Josephs are few; and Lucretias rare. Without being pessimistic, it is a fact that the fear of disgrace is what holds the sexual passions of most of mankind in leash; it is not purity, nor morals. Therefore, the physician who tenders information which will enable any one to indulge in illicit sexual intercourse with a certain degree of safety, is a traitor to humanity, to the profession, and to his God.

It is admitted that it is often advisable to suggest to a husband that he should restrain himself at certain intervals, lest his family grow beyond bounds, and his wife's system become destroyed thru too constant child bearing; but we cannot imagin circumstances which would justify giving such information to an unmarried person.

It was formerly considered that chastity was incompatible with perfect health; but it is now known that both men and women may live thru long periods of years without sexual indulgence, and retain the best of health. The physician who advises sexual indulgence for an unmarried person commits a crime which is doubly dyed if he advance information which makes the sin safer.

When approacht on such matters, it is best to tell the patient that science knows no method of certain prevention of conception beyond absolute continence. We know that all favorit schemes and plans and calculations often fail; then give the dear public all the dilated benefit of the doubt. An honest curtain lecture from a trusted family physician may often save the honor of pure and promising maidens; may avert disgrace and misery; may protect reputations; and may save souls. Why do not doctors do more of it?

When occasion offers, we are glad to

tell the patient that there is no safe method of preventing conception if coitus be performed. We cite him to cases where impregnation has occurred without introitus. We tell him that the condom is a stone-wall against pleasure and a cobweb against danger. We explain that injections are detrimental to health and are a risky make-shift. We prove that withdrawal is unsatisfactory and is but modified masturbation. We tell him that if he must have satisfaction, it is "better to marry than to burn." Generally our patient is frightened into obedience, and sometimes they thank us; occasionally we hope we have done some good.

Homeopathic Echoes.

Several homeopathic subscribers protest against my use of the word "regular" in my editorial remarks on pages 250 and 251, June WORLD. Well, we use the term "regular" only when we are forced to use *some* term to distinguish ourselves from the sectarians. Dr. E. M. Phillips, of Somerville, Mass., says "why do you not call yourselves allopaths?" No. That is as bad to us as homeopath. We have never acknowledged the term allopath; but when we are *forced* to use some term to distinguish ourselves from the sectarians we use the term "regular" because it is the only word that presents itself; and it does not imply sectarianism; but we prefer not to use *any* distinguishing term. We believe that the medical profession should be a unit, without sects. There is enuf room in it for all the truth in "the law of similars" and all other laws.

Dr. J. M. Higgins of Athens, O., says: "The so-called regular school is the most irregular in existence. The homeopath has many more claims to regularity, for the homeopath believes in and practises according to a certain clearly defined law of cure, which is the same now as it was when Hahnemann first expounded it, and will remain so for all time to come; while all old school practise of 15 years ago is a tissue of exploded theories, containing only a few truths worthy of serious consideration. And we are justified in drawing the logical conclusion from the experience of the past that in 15 years from to-day the present text books of old school therapeutics and materia medica will be considered as absurd and unscientific as those of 15 years ago."

In this sense we can agree with the Doc-

tor that the homeopaths are the most "regular." But which is the more *progressive*?

The Doctor further says; "It is to the credit of the old school that they are untiring in their search for truth, and in many instances they have been wonderfully successful; but in the field of therapeutics they are 'shooting in the brush,' and bid fair to continue to waste costly ammunition in attempting to bring down a bird that is beyond the range of their smooth bore artillery."

Dr. W. H. Sibley, of Waldo, Fla., says: "I do not think it necessary or advisable to display a gilded cow upon my sign because I believe in Jenner's discovery, nor to paint the town red because I believe in the circulation of the blood. We have ever had great men in the medical profession who have made brilliant discoveries. The law of similars is one of them. Honor to whom honor is due."

Doctor, you seem to be willing to admit that the law of similars is not the *only* discovery in medicine, but only *one* of them. Then why should you call yourself a homeopath because you believe in that along with the many other truths in medicine?

Dr. E. B. Coleman, of Nantucket, Mass., says: "If you lived in Massachusetts they would be apt to read you out of the Allopathic State Society for daring to publish an article written by a homeopath."

There is no "Allopathic State Society" in Pennsylvania, but there is a Pennsylvania State Medical Society, and I am a member of it and of the American Medical Association by virtue of being a member of the Philadelphia County Medical Society. Not the slightest objection to my course has come to me from my fellow members of these societies.

Dr. H. H. Read, of Halifax, Nova Scotia, says: "Any professor in any allopathic college in the world, or any member of the staff of any allopathic hospital in the world, would be summarily expelled or forced to resign on the avowal of his belief in the truth of homeopathy after exhaustive examination."

The reply to this is that it is not true. Can the Doctor cite an instance? Perhaps if the "convert" would throw away all other truth and insist that his new acquisition embodied all possible therapeutic truth, then perhaps his associates might conclude that his usefulness had ceased. But such a course would be entirely unnecessary.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—BUSEN.

READ. REFLECT. COMPARE. RECORD

Malarial Hematuria.

Editor MEDICAL WORLD:—Probably no two cases of malarial hematuria can be treated alike. On a general plan, an eliminativ and curativ treatment is adopted and the symptoms treated as they arise. In this form of malarial toxemia we have to deal with the estivo-autumnal type of Laveran's disease, and the destruction of the red blood corpuscles is very rapid, a few hours sufficing to produce profound anemia. The pathological changes are often very rapid. I have stood by patients and seen them become bronzed with the icteric hue in a few minutes, from absorption of bile into the blood, and thence to the tissues. The administration of quinin is frequently followed by the coffee-colored secretions from the kidneys. Just why or how this effect follows the use of this drug is for some investigator to determine. Excessive nausea and irritability of the stomach, with extreme restlessness, sighing, inordinate thirst are often among the most troublesome symptoms. The specific for this condition is hypodermic injection of morphin and atropin—adult dose, morphin, $\frac{1}{4}$ grain; atropin, $\frac{1}{16}$ to $\frac{1}{8}$ grain, doses to be graduated for children. No remedy equals this. I do not hesitate to use it under any circumstances. No fear need be entertained of an interference with secretion, as there seems to be a tolerance. Use no calomel, as it increases the nausea and irritability of stomach; besides, the liver is already secreting bile too freely. It is not good practise to use mercury in enlarged spleens; and engorgement and enlargement of the spleen is one of the prominent symptoms of this disease. Use Rochelle salts, effervescent salts or

citrat of magnesia to keep bowels open. Spirits turpentine as a diuretic is the remedy *sine qua non*. Can give in emulsion, or three to eight drops on sugar about three hours apart, being careful not to push too far. M. Berenger-Ferand, whose observations were in Goree and Senegambia, tells us the disease is not new; was known there in 1820. Dr. Day saw this disease on the Wabash and White rivers in 1836 and 1848. M. Berenger-Ferand shows the remarkable color of urin to be due to bile. Professor Joynes speaks of it as "bile deluging the body." Sometimes blood corpuscles are found from congested and overworked kidney.

I do not use quinin often, and then only in small doses, incorporated with iron and arsenic. The use of ergot, Monsell's solution, gallic acid, and other styptics is highly reprehensible, and should not be tolerated under any circumstances. By all means keep the action of the kidneys free, in order to eliminate from the system the absorbed bile. The use of ergot, gallic acid and kindred remedies interferes with the action of the kidneys, often causing suppression of the urin. Where the action of the heart is weak from profound poisoning, do not allow the patient to assume an upright posture. Use strychnin, digitalis, nitro-glycerin, caffein, etc., to stimulate and sustain the action of the heart. We often use here Fowler's solution in heroic doses—four to ten drops every four hours, watching the effects. A combination of small doses of quinin, iron, arsenic, and guaiacol administered freely is often of service. The tablet recommended in December WORLD by the writer (page 481) is good.

Now, about methylene blue: I have had better success with this remedy in malarial hematuria than any drug I have ever given. The fever leaves gradually after its administration. If nausea and excessive enuresis supervene, use hypodermic of morphin and atropin to allay bad symptoms, or give benzoic acid and cocain. The methylene blue is reliable, and physicians need have no hesitancy in using it. Give as you would quinin, two to four grains three hours apart. It is impossible to save all cases in this affection, as pathological changes are so rapid and the system is so profoundly affected that medicines avail nothing. We have members of the medical profession whose rates of mortality in this disease and

pneumonia are to be taken with salt. The calomel treatment is old and obsolete.

Colfax, La.

M. A. DUNN, M.D.

The Practise of Medicin as a Livellhood.— Notes, Replies and Comments.

Editor MEDICAL WORLD:—Your editorial entitled: "Shall Our Sons Study Medicine?" sets one to thinking. Does the average American doctor really take in \$1,000 a year from his practise? I doubt it. But grant that he does. This represents an income of just \$2.73 per diem. I am paying my plumbers and furnace men \$6.00 for a day of eight hours, and other mechanics 50 and 40 cents an hour; and for unskilled labor \$2.00 a day. The doctor must spend four years at medical college, costing him in money about \$2,000, besides his time; and this must be preceded by an education over and above what the mechanic must have; so that we may safely put the cost of the doctor's preparation any where between \$5,000 and \$10,000. And yet he does not get the income of the carpenter; probably not more than an unskilled laborer if the truth were known. And what doctor would not jump at the chance to limit his day's work to four hours in the forenoon, and the same in the afternoon; never driven beyond his easy capacity; his evenings, meals and night's rest undisturbed; no expenses for residence, clothes, etc., necessitated to keep up position; and wages ready at the end of each week, with no drafts on them for drugs, livery, books etc.?

Every occupation in life has its drawbacks and hardships; everyone has an opportunity to grumble a little over his lot; but whatever the attractions that the doctor's life may possess, it should be clearly understood that as a means of money-making it does not equal any good mechanical trade.

I would not advise my son to enter the medical profession, but to take up whatever trade he prefers. Tell me you, Doctor, if, when you began the studies that fitted you to be a physician, you had learned carpentering, had saved till you could buy some land, the cheapest to which a five cent fare would take you, built a home and lived in it till your acre had to be cut up in lots at ten to twenty times the cost to you, and your profits reinvested in this simple manner—would you not be a richer man to-day?

My principal objection to Dr. Salter's theory, as to the determination of sex (page 225) is that it is only theory or rather hypothesis. He simply proposes an explanation and offers no evidence whatever to uphold it. A further objection is that in the cases which I have noticed, his explanation has not held good. I recall one couple where the wife never knew an orgasm, but bore two daughters; another bore a son and a daughter, another a son. A woman whose sexual appetite and capacity were enormous, rendering her husband impotent at 40, bore four sons and one daughter. I believe there is nothing in this theory of sexual superiority; if there were, the dominant sex would reproduce its opposite to keep the balance level.

I sincerely hope that "Country Doctor" (page 229 and 230) will keep on writing for THE WORLD.

Dr. Markley's experience with mumps (page 230) leads me to remark that I aborted that malady in my two children in about two days; during which they ate pickles right along. This disease is epidemic here. The remedy was calcium sulfid to saturation. Can a calf have mumps? Why not? When we know more of the diseases of animals we will be able to trace the origin of more human affections.

Dr. Dunn (page 232) may doubtless have discovered that stretching the prepuce will answer instead of circumcision; but many others have also discovered it. I have been advocating this method more than twenty years, and must have described it in this journal several times. It is a good method.

Cut out Dr. Seal's report on whooping-cough (page 233) and paste it in your hat. It's worth thinking about a good deal.

On page 234 Dr. Kline and I discuss the use of distilled water. Since writing that I have read with interest a report on the experiment of furnishing sterilized air to animals. They died. The conclusion was that while the phagocytes ate up bacteria, they did it not so much to prevent the micro-organisms doing harm as because the eaters were hungry. The leucocytes obtain from the microbes certain elements, ferments, necessary to their vitality and that of the animal of which they form a part.

I see no reason for doubting that the morphin caused the death of Dr. Lawrence's

patient's child (page 242), since this is a well-known effect of the morphin habit.

I began to write something on homeopathy, but concluded it was best not to do so. I have heard and read many discussions, of matters religious, political or medical; but I do not recollect ever knowing of any one who was convinced by argument. There are few men who can long carry on a discussion on any subject that vitally interests them, without losing their temper and getting all riled up. Now, our WORLD has always been a choice medium for the interchange of experiences and views based upon clinical observation. Introduce medical polemics and at once the lines separating the various camps begin to appear, and the men occupying each begin to draw asunder from the others. I prefer therefore to keep on neutral ground.

There is one drug concerning which I would like to ask for information, and this is *pulsatilla*. With homeopaths it is a favorite remedy and with the eclectics there is remarkable unanimity in recommending it for many conditions of depression, in which a prominent symptom is the apprehension of coming disaster. When this symptom is present in pregnancy, in hysteria, in nervous depression, associated with gastro intestinal catarrh, irritability of the bladder, various menstrual derangements, etc., *pulsatilla* is recommended with the assurance that comes from the conviction of its certainty in affording relief. Scarcely anything is to be found concerning this drug in the writings of the dominant school. Few of the writers mention it at all; while of those that do, some term it simply a feeble imitation of aconite, while others dismiss it as "inert." As anemonin, the active principle of *pulsatilla*, is volatil, it can readily be seen that experiments based upon preparations of the dried plant are apt to give negative results. I would be very glad therefore to know if those who have used it can verify the above recommendations. Another point: while the American *pulsatilla* is said to differ from the European, it is nevertheless recommended in about the same line of cases. Are the two identical in therapeutic effect?

WILLIAM F. WAUGH, M.D.

Chicago, Ill.

Renal Insufficiency in Pregnancy.

Editor MEDICAL WORLD:—Your forcible and timely editorial in the March WORLD on *Renal Insufficiency*, and Dr. Waugh's suggestive article in June WORLD touch points of recent irritation in my mind. I frequently recall to my patients the words attributed to Sir William Gull calling for a supplement to the ancient maxim, "know thyself," by the addition of "and test your urin." Certainly the individual never needs more careful consideration than when her anatomy includes the developing form and energies of one or more additional lives, as in the condition of pregnancy. So, with your kind permission, I will present some recent clinical observations in this relation.

Mrs. M., aged 28 years, married four years, was in an apparently steril condition, suffering from severe retro-flexion, endometritis dysmenorrhea and copious, offensive leucorrhœa. These conditions were amended by mechanical repositions, and the use of vaginal suppositories of unguentum Credé and intra-uterin pencils of collargolum, combined with suitable internal treatment, and for a time the nightly wearing of the Neptune's girdle. However, the importance of the aid given by the silver germicidal treatment in this and similar cases cannot well be given too strong a record. In due course after the abatement of the above symptoms, this patient became pregnant; and with high hopes look for a permanent betterment of her health and the acquisition of a child.

The course of this pregnancy presented some unusual phenomena. The early months past without much nausea or other disturbance of the normal faculties. But in October, 1900, pregnancy being then about five months advanced, this patient was suddenly stricken with cerebral congestion and amaurosis. She had been in the habit of walking about the house in her night dress and bare feet, being sleepless and inclined to worry. The urin was of light specific gravity, and without albumin. Rest in bed and treatment directed to support the kidney function gradually brought relief of the violent headache and restoration of normal sight. Two and one-half months later, when this patient was seven and one-half months advanced in her pregnancy, after night exposures and mental worries similar to the preceding instance, she was attacked with violent convulsions, being found about

Dr. C. L. Finch, of Detroit, Mich., renews and says: "Purely neglect that I have not remitted sooner. Would cancel all other subscriptions to medical journals rather than that of THE WORLD."

ten o'clock a. m., alone in her house, her body partially under her bed, her face on the floor, entirely unconscious. On my arrival two hours later convulsions still continued with violence. Noticing a large chamber full of very light-colored urin, and remembering her disposition to insufficient kidney function, I at once administered hypodermically one-third of a grain of muriate of pilocarpin, this securing a very free diaphoresis and prompt restoration of the nervous balance. Urinalysis one day later showed sp. gr. 1006, no albumin. This patient is of full habit and prefers to be lightly clothed, and objects to wool next her skin. But I at once ordered a heavy woolen shirt and drawers to be superimposed over cotton underwear next the skin. With this change in raiment the skin became habitually moist, her condition rapidly improved, and she came to the period of accouchement in good condition and fine spirits. After a labor of nineteen hours I delivered her, under chloroform, by the aid of forceps, of a ten-pound boy. There was no accident in the delivery nor incident following more notable than that the patient's ample breasts have seemed incapable of supplying sufficient nutriment for her lusty offspring.

The phenomena of the urinary function seem to be far less noted and cared for by the average man and woman than is warranted by their importance to life and health. In this respect physicians too often fail to know their patients.

ARTHUR DEVOE, M.D.

Seattle, Wash.

Renal Deficiency.

Editor MEDICAL WORLD:—Prof. Waugh's article on page 218 of June WORLD is very instructive and practical. Now if the readers will bear with me, I will give a little history of my personal experience with renal deficiency, as I have been a sufferer from it for some years. My age is 37 years. Some authors say it is rare under 40. About eighteen months ago, after a severe attack of grip, I found myself incapacitated for work. Prior to that attack I had been doing an active practise, tho my health had been below par for some years. I had suspected my kidneys and tested for albumin, but found none. After the attack of grip I went to a hospital for treatment, for I was a great sufferer from the various symptoms too numerous to

mention described by Prof. Waugh and others. I will say here that no one can possibly realize the suffering entailed by these uremic symptoms unless he experiences them.

My urin was analyzed and pronounced normal; and my malady was variously diagnosed and as variously treated. A weak stomach was injured, and I was almost electrocuted for neuritis. Three months past while I was under the care of three eminent physicians, without relief; during which time I felt the utter despair that only one can feel who has lost all hope, while suffering from one of the most depressing diseases known.

I consulted the fourth physician and found that which I had failed to find before, viz.: a thoro, painstaking and scientific man; and in forty-eight hours after first seeing him, and after an analysis, a diagnosis was based on the small amount of urea I was passing. Proper treatment was followed by immediate improvement. (From this experience I can no longer wonder why the laity resort to patent medics.)

I do not detail these facts as a reflection on my profession, for my love and honor for my profession are second to none. I only do it with the hope that it will prompt others to post themselves on this subject. Do not, for the sake of your reputation, tell a patient that there is nothing wrong with his kidneys, simply because you cannot find any albumin in his water. Be satisfied with nothing less than repeated quantitative analysis, and be ready at all times to take pains with all obscure troubles, and your patient will not go on for months without a diagnosis and proper treatment.

As to treatment: During the acute stages when the digestive function is paralyzed, nearly always accompanied by nausea, stimulation is first; strychnin, with liquid peptonoids, has served me well. Eliminative: Give large quantities of a light mineral water as a diuretic; be careful not to purge too freely, for the heart is easily depressed. When stomach can take it, give plenty of milk—two to three quarts in twenty-four hours. No drugs can equal milk and water as a diuretic. Predigest the milk if necessary. Gradually return to a more solid diet; partake sparingly of nitrogenous substances. As a constant treatment I use nitro muriatic acid, strychnin and essence

of pepsin before meals, and iron after. (Will try nitric acid after Dr. Waugh). Wool next to skin all the time; guard against sudden atmospheric changes. I have analysis made every six to eight weeks; albumin seldom found; amount of urea varies from fourteen grams to eighteen grams in twenty-four hours (about thirty-five grams are normal). The comfort of the patient largely depends upon a proper diet; give easily assimilated diet and attention to skin and bowels. Will someone give me a vegetable laxativ for constant use? Salines I find do not act well as a constancy. More often than not they only produce a watery discharge and leave the intestinal tract full of solid feces, which I have proven by giving an enema after the saline, and bringing away these masses. There are a great many questions I would like to ask, but will only ask one: If the disease is due to the liver, why is there an inflammatory action in the kidney, with casting off of the lining of the tubes, and contraction of the organ? I would like to see a fuller discussion of this subject.

South Carolina.

H.

Diabetes Mellitus.

Editor MEDICAL WORLD:—In diabetes mellitus I have had patients from six to sixty years of age and as yet have never failed to make a complete cure. I have had patients whose urin when first seen showed twenty-four grains of sugar to the ounce. It entirely disappeared within three weeks. It is now more than three years and there has been no recurrence. As Dr. Holmes wishes treatment, I will not go into detail with cases treated, but here give my treatment:

I first take the urin for twenty-four hours and estimate the percentage of sugar; after which I have them bring their urin each time they come to see me, and note progress. My first prescription is:

R
Sodii salicylatis.....3ss
Glycerini 3j
Aque 3iij
M. Sig.—3ij t.i.d.

After they have taken this for two weeks I put them on:

R
Acidi lactic.....3j
Sig.—Ten to fifteen drops well diluted four times daily.

Within one month the sugar entirely

disappears. The urin becomes a straw color with normal specific gravity and constituents. They will not have to get up to pass water more than once in the night and as a rule not at all. When they have reached this stage I put them on two doses a day of the lactic acid and keep them there for about a year.

My diet list is as follows:

Soups.—Soups or broths of beef, chicken, mutton, veal, oysters, clams, terrapin, turtle (not thickened with any farinaceous substances).

Fish.—Shell fish and all kinds of fish, fresh, salted or pickled (no dressing containing flour).

Eggs.—In any way.

Meats.—Fat beef, mutton, ham, bacon, poultry, sweetbreads, calf's head, sausage, kidneys, pigs feet, tongue, tripe, game, (all cookt free from flour, potatoes or crackers).

Farinaceous.—Gluten porridge, gluten bread, gluten gems, gluten biscuits, bran bread, cakes.

Vegetables.—String beans, spinach, beet tops, kale, lettuce, plain or dressed with oil and vinegar, cucumbers, onions, tomatoes, mushrooms, asparagus, oyster plant, celery, dandelion, cresses, pickles, radishes, olives.

Desserts.—Custards, jellies, creams (without any sugar), walnuts, almonds, filberts, Brazil nuts, pecans, cocoanuts.

Drinks.—Tea or coffee (without sugar), water, peptonized milk.

Must not take liver, sugars, sweets, starches, wheaten bread or biscuits, corn bread, oat meal, barley, rice, rye bread, sago, macaroni, tapioca, potatoes, parsnips, beets, turnips, peas, carrots, melons, fruits, puddings, pastry, ices, honey, jams, sweet or sparkling wine, cordial, cider, porter, lager, chestnuts, peanuts.

If the readers of THE WORLD would care to have the history of some cases I would be glad to give them.

R. G. McCULLOUGH, M.D.

Providence, R. I.

[Doctor, the text books agree in declaring that true diabetes mellitus is always fatal. What do you think of the editorial comment following Dr. Holmes' query on page 255, June WORLD? How long has any well-markt case of yours stayed cured? Did you ever use arsenic in any form for diabetes, and with what results?—Ed.]

Dr. W. H. Young, of Quincy, Ill., renews his subscription and says: "If I did not like THE WORLD I would quit it."

**A Case of Cancrum Oris, with Treatment.—
Recovery After Extensiv Loss of Tissue.**

Editor MEDICAL WORLD:—I was called to see Hattie N., aged about 2 years, and got the following history: The child had suffered more or less for six months with an aggravated sore mouth, diagnosed stomatitis by the physicians who had seen her. She is the offspring of healthy parents, and has five brothers and sisters, all of whom are in a remarkably healthy condition; was born in the country with salubrious surroundings, where diseases of a malignant character are seldom encountered. Up to the present time the child had not been subjected to any of the epidemic troubles peculiar to children; in fact, had undergone no sickness whatever. An examination of the mouth revealed a ragged slufing surface extending over gums of left half of inferior maxilla and mucous membrane of lip, covered with a sanious discharge emitting a fetid and peculiar odor. The external surface of lip presented a livid, glazed aspect which in about twenty-four hours thereafter resolved into a black, gangrenous circumscribed area the size of a silver quarter of a dollar. Realizing that I had a formidable trouble to deal with, I resorted to heroic measures, which consisted of dividing, with scissors, the diseased tissue (following the line of demarcation from the healthy) and applying lunar caustic freely to the entire surface remaining, using frequent ablutions of peroxid of hydrogen, and applying iodoform with balsam Peru. The internal treatment consisted principally of iron and port wine, with the best available diet, accompanied with improved hygienic surroundings. The disease yielded for a time to this treatment, but after a time renewed evidence of the trouble was exhibited, causing me to despair of the life of the patient. The left half of the submaxillary bone and left cheek were involved. I succeeded again, however, in arresting the progress of the disease, by dividing and removing the entire left half of the submaxillary bone, including, of course, teeth and alveolar processes, which was done more readily than I imagined; in consequence of the uniform progress in degeneration of the bone and adjacent tissues, the sequestrum became detach. At this stage the progress of the disease was arrested and completely eradicated. There was vast hemorrhage during operativ proce-

dure, jeopardizing the life of the patient. Several years having past, with no return of the symptoms, I am constrained to believe the patient entirely free from further trouble from the disease. No visible marks are left except a small cicatrix on lip, which would not be noticed by a casual observer. The child has since had whooping cough, measles, etc., followed by no untoward symptoms. I report the foregoing case on account of the rareness of recovery in such cases, and the particular rareness of the disease in this section of the country. Would like to know if cases of the nature of the above are often met with outside of large and crowded cities, or districts where many are thrown together. The above case occurred in a town of less than 7,000 population.

T. L. CORNWELL, M.D.

Rock Hill, S. C.

Death from Placenta Previa.

Editor MEDICAL WORLD:—Mrs. R., aged twenty-nine, eight months pregnant, and the mother of one child nine years old, was taken with labor pains on Friday April 5, 1901, and sent for Dr. S. The Doctor responded and on Saturday night told the family to have everything in readiness as the child would surely be born that night. She continued in pain and on the following Monday afternoon the Doctor came to my office and requested me to administer ether to the woman, as it was a case of placenta previa centralis. I accompanied him to the house and witness a sad picture, a young woman with a death-like pallor, nails and lips cyanosed, pulseless at wrist, heart sound inaudible. Dr. S., removed the tampons which emitted a very disagreeable odor, and gave the woman a warm carbolized douche while I disinfected my hands. I made a vaginal examination and confirmed the Doctor's diagnosis. I found the parts hot, dry, sore and swollen; the os completely dilated and very patulous; the placenta detach as far as I could map out. Dr. S., informed me that the line of treatment previously pursued was the relieving of pain, detaching the placenta with his fingers, and tamponing vagina. I knew we were confronted with a grave case. I thought of the case I reported in the March WORLD of 1900. Unfortunately I did not think this one would terminate so happily. We were alone with the woman and I askt the

Doctor to request one of the friends to remain in the room until everything was over. After making preparations to combat hemorrhage, shock, etc., I put the woman under ether as far as the primary stage and askt Dr. S. to proceed, as I was afraid to put the woman thoroly under the drug. He then performed internal podalic version and was extracting the child when the woman rolled up her eyes, gave a few gasps for breath, and yielded up all that was mortal. We did all in our power to revive her, but it was of no avail. The operation took only a few minutes and she lost very little blood while operating. It may be she had none to lose. This was one of the saddest cases I ever saw. Just a few moments before the young husband was hopeful; now his wife lay cold in death. What could have been more sad? I shall never forget this case. God knows I never want to meet a similar case. I report it and ask criticism. When reading the medical journals and noting the wonderful things accomplisht by some, I often think how anxious we are to record our successes, and reluctant to write anything about our failures. It is the obstacles we meet that make us better, wiser men. By the way Dr. S. has been practising about eleven years, and *claims* to have delivered over two thousand women. What country Doctor can hold a candle to that?

H. O. LIGHTNER.

Marysville, Pa.

[Dr. S. should have called counsel sooner—as soon as placenta previa was evident.—Ed.]

Chronic Headache.

Editor MEDICAL WORLD:—Widow, blond, gray eyes, aged 34 years, one child, 8 years; teacher of needle-work in woman's training school, the picture of good health, headache periodical, coming on once a week and lasting twenty-four hours. The following is her own description of it: "The pain usually begins in the right temple and thru and above the right eye. The worst pain to bear is a kind of thrill or tremble, but that is not all the time. Another feeling is as tho someone had hit me a hard blow on the temple and the little finger had struck the eyeball. Sometimes pain begins on left side, but not often. To lie down makes it worse. Hot or cold applications make it worse. 'Headache powders' have no effect. Sometimes a bandage gives a little relief,

but not always. Soaking feet in hot water has relieved some. Head feels sore, but is not sore to touch. Rubbing feels good, but pain returns as soon as rubbing is stopt. Gas comes from stomach a little, but food and liquids do not seem to aggravate. Have to urinate oftener than usual when head is aching. Appetite good. Can usually sleep at night, but am conscious of pain the last thing before going to sleep, and the first thing on waking. Heat from sun makes it worse. Bad air makes it much worse. A headache coming on in the afternoon is very bad in the early evening and again at noon the next day."

'This is her description of a headache which has afflicted her for two years and more; and for which she has had all kinds of treatment, including allopathic, homeopathic, hydropathic (at the "Eureka Spring," Ark.), osteopathic and, I believe, Christian science; but none gave the slightest relief. She said they were getting worse as time goes by and that after getting thru with one she feels that she "just can not stand another."

I have been treating her since the 18th of March, but have seen her but once during the time of headache. Then I noticed the pupils of both eyes were much dilated, a fact which no one else had noticed. She is wearing glasses prescribed by one of our popular oculists, with the hope of giving the relief so long sought for at the apothecary shop and the doctor's office. I find nothing wrong with the urin unless it be an over amount of urea. Have given the homeopathic remedy glonoin without results; am now giving belladonna 6x (began with 3x); under this she has mist one attack and thinks "the spells may be a little lighter."

I have treated, and do now treat, many headaches and have usually been successful in curing them; but this one baffles me, and I now seek counsel from the many readers of THE WORLD to which I am a new subscriber.

In return for some of the many good things that I have received from "THE WORLD Family" I will offer the following formula for a hand lotion. It is the best I have ever used:

Ol. rosae.....	gtts vj
Glycerini (best)	3ij
Bay rum	3iij
Ol. cajupute.....	gtts xx

If before retiring at night the physician

will cleanse his hands thoroly with sapolio, hot water and hand brush, then rinse off with a light bland soap suds and apply the above he need not be ashamed of his hands.

DAVID R. OVERMAN,

4948 Maple Ave.,
St. Louis, Mo.

[Doctor, many stubborn headaches are rheumatic. It might be worth while to try anti-rheumatic treatment.—Ed.]

Work for Better Health Laws.—The "Pay Doctor."

Editor MEDICAL WORLD:—On page 211, June WORLD, is an editorial giving good advice to doctors on political matters, and telling how to cure the nostrum evil. It is much to be regretted that so few physicians take any interest in legislation relating to medicin and to public health. Some years ago Lieut.-Governor Woodruff, in his speech before the New York Medical Society, said: "The medical profession should endeavor to draw near the executive and legislators. Much that the profession wants could be easily gained if physicians of the state exercised that tact and energy displayed by politicians." In 1899 the president of the Mississippi State Medical Association said in his address: "Foreign chemicals and medicins should not be patented under any circumstances; and we should never cease to labor in season and out of season until the law is so changed as to require the formula on the label of every patent medicin." If we as individuals and in the medical societies would speak out for a law of this kind, and work as politicians, as suggested by THE WORLD and by Lieut.-Governor Woodruff, there is no doubt but that we would succeed. If the law of the National government (it could not be done by the states) required the formulas of all medicins now secret, printed on the label, many thousands of dollars would be saved to the sick and needy. Very few patent medicins would be used. People would learn that nearly all the so-called liver pills, pellets, tablets, etc., are made of the cheapest quality of aloes. Thousands of good people who have used patent nostrums would feel like kicking themselves for being so simple. It would be one of the greatest boons to the human race. It is worth working for. THE WORLD tells us how we may succeed.

Mystery in medicins is in many instances best. On page 242 Dr. Boynton

tells us his plan and experience on this subject. It is often best for the patient not to know the name of the medicin he is taking. It is much better to be on the extreme in regard to secrecy than to be too free in communicating such matters to the patient. In this as in all other matters we should seek for the happy medium.

If lobster salad disguises the taste of castor oil when administered to the constipated as it did in Dr. Thomason's boat crew (page 220), it will prove a great blessing. But it may be the "Spanish whisky" had much to do in disguising the taste in the cases he mentions. Dr. Thomason should test the matter and report again.

"Country Doctor's" plan of "knocking-out a nostrum" (page 229) might succeed in many like cases, but too often people would rather be humbugged, and pay for it, than to take medicin from the home doctor. Something from a distance and well advertised is what many people want; and nostrums and patent medicin traps catch many good people who are sensible enuf on almost all other subjects. The world is full of such people, and no doubt will be until the end of time. As a rule patent medicins are more injurious to the patient than any one else. My experience is, that the more of such trash the patient takes the more attention he must have from the family physician.

Dr. Crawford's remarks (page 221) on the pay doctor are good and business-like. It is certainly true that the philanthropic doctor is seldom appreciated like the one who charges a good fee and collects it. The business side of the physician's life too often goes wrong because of lack of business principles. It is all right to be a physician, but it is also necessary to be a man. Treating the sick, or curing them as we sometimes say, should not keep us from making money and collecting bills. Many good men spend their lives in ministering to the needs of their fellow beings, then die poor and go to the grave forgotten by those whom they labored for while living.

Dr. Waugh's article on "Renal Deficiency" (page 218), like all other letters from his pen, is full of interest. It needs no comment, but to be read again and again.

On page 243 Dr. Henry suggests hypodermic injections of sulfuric acid for snake bites, mad dog and tarantula bites,

etc. Is not sulfuric acid in full strength too severe to be used hypodermically? It is not often the case that one bitten by a snake can use the acid at once; will it do any good used an hour or more after the bite?

C. KENDRICK.

Kendrick, Miss.

Measles in Utero.

Editor MEDICAL WORLD:—A few years ago I happened to attend a woman in confinement, about the seventh month, abortion having been produced by the contraction of rubeola. As soon as the child made its appearance into the world, and before the cord was severed, it was noticed that the child was covered with the characteristic eruption of measles. Both mother and child made an uneventful recovery. Several years have elapsed, and they are both living and healthy. Textbooks have very little to say in reference to this subject. Some authors say that measles sometimes occur in utero, and they say women will invariably abort if they contract measles while pregnant. I haven't had occasion to observe this very closely, but I notice abortions are often produced by an attack of measles. I would be glad to know if it often occurs that children are born with the measles.

T. L. CORNWELL, M.D.

Rock Hill, S. C.

Mumps Communicated at a Dance.—A Monstrosity.

Editor MEDICAL WORLD:—“An unusual Case of Mumps” in the June WORLD brings to mind an experience of mine on a much smaller scale. In a neighboring town at a social dance was a young lady that was not feeling well, but danced every figure; later her illness blossomed out into a typical case of mumps. In about two weeks I had six cases of mumps, all young men, and in every case the mumps “went down”; and in every case both testicles were affected, tho in every case the right member was the more inflamed and swollen. These six cases were all that caught the mumps from the young lady mentioned. Ages of the young men were from 19 to 28 years; young lady 21. In no case did the patient “catch cold.”

In August, 1899, I was called to attend a French girl (married woman, third child) aged 20. Os dilated to size of a silver quarter; “waters broke” before I arrived. Pain severe and regular. I re-

mained all night. No progress. Called next p. m., gave morphin one-third grain. No more pains until November, when after severe labor I delivered a boy weighing twenty pounds; width of shoulders seven inches. Child lived ten minutes, but was minus the top of his head. The appearance of the child was that the top of head was sawed at a line half inch above orbit and the entire top removed. The exposed brain looked like one small oyster each side of median line. Woman since delivered of a child normal in every way.

S. D. BOWKER,

Charlemont, Mass.

Medicine and Morals.

Editor MEDICAL WORLD:—Having met a positiv expression that the moral tone of the medical profession is waning, it may be instructive to revise the situation by the indication of certain straws. Comparing the present with fifty years ago, it is evident that our ranks comprise a lower percentage of communicants and churchgoers, suggestiv of less integrity. This is at least an untoward circumstance. Simultaneously there comes an aggressive wave of social disorder which the most sanguin optimist may not ignore. Concurrently, we note the editorial statement in a prominent city paper, of a modern declension in the birthrate of our native American population, for which the editor assigns several causes, omitting that which seems to me most potent. A biting black frost appears to have stricken the domestic primaries, causing a scant supply by cradle immigration. To what extent this adversity is traceable to a lack of professional loyalty to the vital interests of mankind, I do not know; yet we occasionally observe a physician in attendance on a severe case of maternal illness where the husband is promoted to the sick room as substitute for the trained nurse. This is a most awkward collocation, to say the least.

Another vicious lapse and a sort of “rat hole” which may well deserve scrutiny, is the gradual elimination from medical college announcements of the exaction from a candidate of a written testimonial of good moral character with specifications. On the contrary, I noticed a few days since an annual college synopsis under this head only this almost parenthetical remark: “the candidate to be of desired character.” On this basis of no

basis, I ask, what degree of moral turpitude would suffice to debar a person from an honorable place in this very respectable calling?

For several years past we have heard much about elevating the standard of the profession. If anything has been accomplished in that enterprise the reform must have been handicapped by unfortunate limitations confined mainly to the mental phase. Having noticed no abatement of accessions, we must conclude that doctors are almost the only commodity which may be improved in quality without affecting the volume of supply. Medical students are remarkably promiscuous as to character, yet those who have been rejected by the Faculty are as scarce on the campus as dead cavalry-men on Confederatsoil in 1862. Are medical colleges fostering an alliance between medical mediocrity and moral idiocy? Pray! have we not had quite enuf of that sort already for the spice of variety? In view of the intimate relation between the doctor and the family, it is apparent that personal purity in a physician is of greater importance than in a pastor; and that while "evil communications corrupt good manners," there is no agency more subversive of popular virtue nor a more deadly foe to society than a mercenary or carnally-minded physician. Throw open the household to a centipede rather than to such a biped; debar also him who, at the momentary solicitation of the unit, deliberately betrays the vital interests of the race.

J. A. MOWRIS, M.D.

Lafayette, N. Y.

[Dr. Mowris opens up an interesting field for an exchange of views. The high ideals of the doctor are to be admired, but many will consider his charges entirely without foundation. We are apt to minimize the evils, and maximize the good, of the past; conversely, we are prone to exaggerate the evils of the present without appreciating the vast improvements of the present over the past. If we view society broadly we will find that improvement in morals is about as great as the advances in other respects. Here and there may be a local decline, but in general there has been an elevation. But few will claim that the percentage of church communicants is an infallible indication. We will venture the assertion that as society has advanced in moral integrity, the medical profession has advanced in high ideals.—Ed.]

Suppository for Prostatitis.

Editor MEDICAL WORLD:—Prostatitis can often be treated by medication very successfully. But if you try it, you must be doctor and manufacturer. You must get a suppository mould, and weigh and measure and mix. My experience with druggists is that if they have not the exact article in stock you ask for in a prescription, "any old thing" will do. Hence I advise, be your own compounder. You can get a mould that will produce a dozen at each moulding; you will find this mould also useful in preparing rectal suppositories for piles and for use in cases of vaginitis, vaginismus, and vaginal catarrh. After the douche your vaginal suppository will often produce marvelous results, and give the proprietary preparations a black eye, if not a clean-cut knock-out. I usually put up 7 ounces at a time. I use 4 ounces of paraffin wax and 3 of cocoa butter. I melt them together and then add the remedies, mixing with a spoon till a consistent mass is obtained. Always remember you can injure your compound by using more heat than will keep it so as to run freely. Constantly stir the mass while you are filling your moulds, *and fill quickly*, so the drugs will be evenly suspended. Now for the medication: For prostatitis, take as follows to the 7 ounces of butter and wax:

1 dram pulverized cocain,
2 drams pulv. ext. hyoscyamus, P. D. & Co.,
2 drams pulv. ext. cannabis Ind. P. D. & Co.,
1½ drams pulv. ext. belladonna, P. D. & Co.

Triturate this mass in a mortar thoroly, then add it to the other mass already melted. In these cases exact medication gives exact results, and we can have no exact medication when we deal in unknown strengths of drugs; hence my reasons for using only Parke, Davis & Co.'s extracts in powder. Under this treatment you may expect immediate relief. The fellow who had constantly to watch for a secluded corner will in a short time be able to use his fingers for other purposes than on his pants' buttons; the fellow who ever and anon springs from his bed with a moan and sigh, will find mind and body in the paradise of youth, such as it was before sexual madness with the iron sway of a despot swept him into a vortex of misery. You will need cold to cool your suppositories; fill your dish with pounded ice, then add salt, then carefully push your mould in before the mass sets.

Regarding the action of these suppositories, the action is almost wholly local. In no case will you have any perceptible constitutional action. Should the case be a severe one, you may if you find it necessary increase the dose of cocain to one grain to each suppository. You can use one of these at bed time each night, or night and morning at first for about one or two weeks, then usually one at bed time every other night; but in this matter you must be guided by the conditions present in each case.

S. E. McCULLY.

Topeka, Kan.

Frequent use of Chloroform and Forceps in Obstetrics is Urged.

Editor MEDICAL WORLD:—I have been in practise for seven years, and have had 228 obstetric cases, which I have carefully recorded. Have had but one case of placenta previa. It was a breech presentation. Lost child; mother did well. Have had ten cases of vertex presentation. Delivered all with instruments and had but one slightly lacerated perineum. Had one case of eclampsia in primipara. Patient was in convulsions when I arrived. I administered chloroform. Convulsions ceased, patient regained consciousness, and I delivered one child. There were twins; and when pains started for second child, convulsions returned, and I could not control them with chloroform. Delivered second babe, which was dead, and mother died a few minutes after its delivery. I have had one case of puerperal fever, caused by patient getting up on fifth day and doing her work. Was called to see her on twenty-first day. Patient said discharge ceased second day after getting up. Found womb anteverted and containing foul material. Died in six days. Have had three cases of breech presentation. Delivered all safely by turning, except one previously spoken of. Never have had a shoulder presentation.

I was sorry to hear the author of your January communication say: "I have changed my manner of procedure very little in these twenty years." I like the tone of your February article on obstetrics. I would not go to a case without my forceps and chloroform. I have used both in 95 per cent. of my cases the last year. Why not? I consider, when used rightly, they lessen the mortality of child-birth. Why wait longer when os is sufficiently dilated? If patient hesitates,

I tell her she is just imperiling her life, and if I can get her consent, I don't care what any other member of the family says, I use them. It is not for them to say. I like to hear my patients say, when they waken as it were from a quiet sleep: "Is it over? What is that? Is that my baby? Is it really over? Why, doctor! I never experienced a pain after you gave me the chloroform." You not only lessen risk, but you expedite labor; thus saving your patient hours of torture, and also yourself, because I consider it misery to sit and listen to the moans of child-birth. I used instruments and chloroform on a patient last night, who was in labor but two hours, who told me that in her previous confinement she had been in labor three days, and the doctor was by her bed most of the time. She also said, "I could not move a hand or foot myself. This time, I feel strong enuf to get up and get you your breakfast." Isn't that consoling? Where I have used instruments once, they will ask for them the next time. Brother, if you're afraid to use them, don't go, but let them get some one who is not. They will laud you for using them, and when you get the women on your side your reputation is established and you will get work even if you should take down your "shingle." Use instruments cautiously and you will increase your practise.

J. L. THOMPSON, M.D.

Limestone, Pa.

Was It Diphtheria?

Editor MEDICAL WORLD:—Being only a recent subscriber to your valuable journal, from which I get more information than from any other journal (and I take a number of them), I would consider it a great favor to get a diagnosis from you or from the "WORLD family" of the following cases:

Roy A, four and one-half years, had broncho-pneumonia at four months and several mild attacks since; free from attacks for one and one-half years; had mild attack of articular rheumatism this spring, but perfectly healthy and robust the past two months. On April 22, mother thought he had a bilious attack and gave him a good physic. The following day I was called to see the child. He was playing in the yard; no fever, pulse normal, only complained of sore throat, tongue slightly coated white, no inflammation or swelling about tonsils. I put

him on mild chloride of mercury. Expecting an attack of rheumatism, I intended to put him on anti-rheumatic treatment the following day. The same night at 10 p.m. I was sent for; found the child with a croupy cough, great dyspnea, aphonia, and mucous rales in both lungs, tem. 100°, pulse 110; no inflammation nor swelling could be detected about the throat as far as I could see without laryngoscope; no fetid odor to breath. I had hot applications applied over lungs and throat for four hours, when symptoms were greatly relieved; then applied cotton jacket covered by flannel saturated in turpentine and lard and gave the following:

Kali iodidi.....	3ss
Hydrarg. bichlor.....	gr. $\frac{1}{6}$
Strych. sulf.....	gr. $\frac{5}{8}$
Spts. frumenti.....	fl. $\frac{3}{4}$
Syr. tolu q. s. ad.....	fl. $\frac{3}{4}$

M. Sig.—Teaspoonful every two hours,

The above symptoms would appear every day for five days about noon. Upon applying the hot applications for some time they would disappear. At times child would have a ravenous appetite. Whenever I could detect any rales in the lungs I would get the throat symptoms at once. The aphonia never disappeared. On the third day I injected 1000 units diphtheria antitoxin at 10 p.m.; not receiving any benefit by 8 a.m. the following morning, I injected another 1000 units. Had consultation at 4 p.m. with Dr. Cattermole, county physician, and he also injected 1000 units of antitoxin, also sustained my diagnosis of broncho-pneumonia with laryngeal obstruction. On the sixth day, symptoms still not abating, I injected another 1000 units of antitoxin. During this time I got child to vomit several times, but could never get any membrane, only mucus and muco-pus, which I had analyzed by two bacteriologists, but no diphtheria bacilli were found; only pneumococci and streptococci. The hot applications were applied every day extending from four to ten hours each day until May 2nd, and since then the child has made an uneventful recovery.

A cousin of this patient, boy seven years old, died six weeks previous, with some symptoms. Hot applications were applied the first day for four hours, when lungs cleared up and boy was up next day feeling perfectly well, taking his meals regularly. At 8 p.m. that night lungs were full of rales again. Had hot applications

applied again, but got no relief and child died the following morning at 6.30.

About one month later a cousin of last child died while mother was on a visit to friends with him, with same symptoms as previous children. One of the ablest physicians in the county pronounced it broncho-pneumonia. These children were all exposed to the disease when first child was sick six weeks ago. Did not use antitoxin on children that died. Same families losing these children lost each one child five years ago under same conditions and their deaths were about the same time apart. In the families where the children died, the mother of two and the father of the other two are subject to throat trouble, the mother being troubled with aphonia more or less of the time.

As you notice, these children were all related. Other children being equally exposed did not develop the disease.

Louisville, Colorado. C. F. WOLFER.

[We hardly believe you had diphtheria. Had it been there the bacteriological investigation would have found it. Your cases resemble in some respects capillary bronchitis, or the suffocativ catarrh of Laennec. The treatment was admirable, but we would not care to venture a diagnosis at this distance. We congratulate you on saving the boy. See our editorial in the February WORLD on Suffocativ Catarrh.—Ed.]

Inebriety.—Boils.—Carbuncle.

Editor MEDICAL WORLD:—As a return for some of the valuable hints that I get from THE WORLD, I send the following: Referring to Dr. Hidden's treatment of inebriety in June number, page 227, my cases have not been so numerous as those of the Doctor, but I have gotten very nice results from:

Tr. avena sativa.....	3v to x
Tr. nux vom.....	(Lloyd) 3ss
Tr. capsicum.....	5v to x
Aquae q. s. ad.....	3iv

M. Sig.—3j every three hours until craving is relieved, then less frequently.

I believe the cinchona would be a valuable addition as a stimulant tonic and aid in producing a desire for wholesome food. For the nervousness and sleeplessness:

Tr. hyocyamus.....	(Lloyd)
Tr. passiflora incar.....	“

The latter drug in 3j doses, the former as indicated by patient's condition.

Have had good results from calcium

sulfid where suppurativ conditions were not due to an impoverisht condition of system. In these cases cod-liver oil has frequently corrected all the trouble, and aborted boils, etc., in process of forming.

The most positiv remedy that I have used in carbuncle is Lloyd's echinacea, ten to twenty drops every three hours and a compress kept moist with

R
Echinaceae angust.....3j
Glycerini et aquae.....q. s. 3iv
M.—Apply to site of trouble.

Cleanse cavity with hydrogen peroxid, and a quantity of echinacea solution may be injected into it. Pain will be relieved and cure rapidly be effected.

Salt Lake City, Utah. C. M. CHANDLER.

Diarrhea of Children — Acute Dyspeptic Diarrhea.

Editor MEDICAL WORLD:—The disease is more frequent in artificially fed children, and the greatest number of cases occur between the age of six and eighteen months. The second summer of the infant's life seems to be the most disastrous, as this is when he begins to take other food and does not depend wholly upon mother's milk. Infantil diarrhea is very prevalent among the poor classes in the larger cities. It attacks, however, children with the most favorable surroundings.

Two factors influence the disease: diet and temperature. Among the poor the bowel complaint in children begins with the artificial feeding. The relation of temperature to the prevalence of diarrheal disease in children has long been recognized; yet we cannot regard the heat itself as the direct agent, but only one of several factors. The first of these is mainly caused by dietary errors, and is most frequent with bottle-fed babies. Dentition may be one of the factors in its causation. The attack is initiated with restlessness and slight fever, and there are some times slight colicky pains, and rarely nausea. The child may appear in its usual health, but has an increase in the number of stools, which are at first copious and offensiv, often show evidences of fermentation, often contains particles of undigested food and curds. In other cases the disease sets in abruptly with vomiting, griping pains, and fever which may rise rapidly and reach 104 or 105 degrees. There may be convulsions at the onset. The abdomen is sensitiv, and the child

lies with the legs drawn up. The stools consist of grayish or greenish yellow feces mixt with gas, curds, and portions of foods. In children over two years of age such attacks not infrequently follow eating freely of unripe fruit, or the drinking of milk which has been tainted. The trouble may be differentiated from cholera infantum by the lack of serous discharges.

The prognosis is usually good; with judicious treatment the children improve in a few days; but relapses are not uncommon, and in hot weather the attack may be the starting point of a severe enterocolitis. In a debilitated child a mild attack may prove fatal. In many instances this form precedes the onset of the specific fevers, particularly during the hot weather.

The best remedies available are first a purge, preferably of calomel and soda; calcined magnesia, or castor oil. This should be followed by bismuth sub-carbonate or prepared chalk in doses of 5 to 10 grs., with $\frac{1}{2}$ gr. doses of salol. In diarrhea during dentition, from cold, or from eating pears, with fretfulness or restlessness, colicky pains, greenish, watery, frothy and offensiv evacuation, the following will be found to be of value: tr. chamomile, 10 gtt. to 4 oz. of water, and give a teaspoonful every half hour.

Also

R
Bismuth subnit.....2 dr.
Bismuth salic.....1 dr.
Tr. opii. deod.....12 gtt.
Cret. preparat.....1 dr.
Syr. tolu a. d., q. s.....2 oz.

M. Sig.—One teaspoonful of mixture every three hours until the diarrhea is checkt.

The bichlorid of mercury in 10% solution is very good when there is excessiv straining and the evacuations contain blood. In neglected or advanced cases, in which there is aggravation and unquenchable thirst, when the various measures employed seem useless and the pale sunken face gives evidence that the disease is making serious inroads, strychnin arsenite often succeeds. Opium should not be given until all other means to relieve pain have been exhausted.

Accessories: A spice plaster applied over the epigastrium often proves efficacious. Astringents are seldom indicated. The regulation of the diet is of the utmost importance, and all food that is given should be much diluted. Possibly the best food would be thoroly boiled milk

diluted with lime water or Vichy water; give boiled water afterwards cooled to a suitable temperature, but give both foods and liquids in rather scanty measure. In all infants, wrap the body in flannels warmed by dry heat, and see that the room air is kept fresh. If the child is seen and treatment begins before the stage of collapse, advise taking it in the open air carefully wrapt. Do not sanction too much nursing and holding on the lap, and do not allow natural sleep to be interrupted. The fever that is sometimes observed does not need direct treatment, but will subside with the diarrhea. When the trouble is once under control care must be taken that matters do not swing too much the other way. It is imperative that the child be kept under observation for some time in order that constipation be not established. It would be well to follow up the general treatment after convalescence by small doses of calcined magnesia given twice a week. When it is possible, see that hygienic conditions are established. If the child has been living on some advertised food, examine into the mother's way of preparing it. If this has been correctly done, do not hesitate to order another kind of food, since the first might cause a recurrence of the trouble, adding extraordinarily to the gravity of prognosis. W. H. LOUGHHEAD, M.D.

Nile, N. Y.

Practical Points from an Old M.D.

Editor MEDICAL WORLD:—For vine poisoning my most uniform success has been with local application of a saturated solution of muriate of ammonia.

For deafness where surgery is not necessary, take tinc. nux ten drops, tinc. belladonna ten drops, glycerin one ounce. Put three drops in each ear three times a day. Strychnin internally. This seldom fails where there is paralysis of the auditory nerves.

For erysipelas: internally, calomel, saline laxative and jaborandi; for the fever, aconite; externally, pure olive oil and fresh spirits of turpentine, equal parts, every four hours.

Never put tinc. of iron on a coated tongue. I always will believe that by so doing I made a little angel of a young mother's darling in a case of dysentery.

An eighth of a grain of nitrate of pilocarpin will cut short a congestive chill if case is not too far gone; half the quantity

will abort common chill; no fever follows; but push remedies indicated: mercurials, salines and quinin.

Having roused liver to action and cleansed stomach and bowels, tinc. of black walnut root bark will not fail you in jaundice. For the "hot flashes" of the climacteric, bromid of potash is sure, unless it disagrees with the stomach; if it does, use bromid of soda.

For the intense aching and burning of legs and feet during the menopause, preventing sleep and rest, give belladonna, a small dose before supper and one before retiring.

I have dangerous attacks of angina pectoris. Moderate use of tobacco, cold, walking, stooping, food slightly indigestible, will set it up. Horseback riding relieves attack; a drink of whisky is of benefit; coffee is not an injury to me; a tablet of glonoin, digitalin, spartein, cactin, etc. relieves an attack; a papoid tablet before eating prevents attack by causing digestion.

Now Mr. Editor, please inform me, what will prevent nightmare. I have an attack soon as I go to bed if I lie on back or on left side. S. C. T.

Ark.

[Avoid lying on back or left side. Look carefully after the digestion and bowels, and let the evening meal be light, and taken several hours before retiring.—Ed.]

Bromidrosis.

Editor MEDICAL WORLD:—Formaldene, a concentrated aqueous solution of formic aldehyd gas, is a splendid remedy for bromidrosis. The cases I have treated have been local in character, mostly of the feet. My usual prescription is formaldene, two drams, cool water, one quart. Soak the feet in the solution thirty minutes before retiring; dry the feet, and dust them with powdered boracic acid. If the above directions are followed persistently for one week, it will not be necessary to repeat oftener than once a week thereafter, except in exceedingly offensive cases.

Beardstown, Ill. C. C. PATCHEN.

[We wrote the Doctor to give further information concerning "formaldene." The following is his reply:]

C. F. TAYLOR, M.D. *Dear Doctor:*—Truax, Greene & Co., Chicago, call their solution of formic aldehyde gas "formaldene;" Lilly, of Indianapolis, call their preparation "formaseptol;" and McCoy, Howe Co., of

the same place, name their mixture "benzo-formaldehyde." Mulford also makes a similar preparation, but I do not know the name of it. So far as I know any house can make it. C. C. PATCHEN.

Saw Palmetto as a Reconstructiv.—Summer Diarrhea in Children.

Editor MEDICAL WORLD:—To doctors who are subject to frequent attacks of catarrh and bronchitis, I would recommend fluid ext. of saw palmetto. Commence September 1, and take from one to two pints. Take from two teaspoonsful to one tablespoonful in one-third tumbler of water before meals. Before you get thru taking it, you will find yourself getting sleek and plump, and with an enormous appetite, with good digestion. You will gain from 5 to 15 pounds in weight and be free of colds for one winter. I have tried it, and know what I am talking about. It is far superior to cod liver oil as a nutritiv and tonic, and is worth its weight in gold. Here is a chance for poor, scrawny, raw-boned women, and worn-out doctors.

There is a feeling antagonistic to vegetable astringents in diarrhea in this day of internal antiseptic medication. It ought not to be, for they are very useful, along with the latter remedies:

℞
Tinct. kino,
Tinct. opii camph.,
Syrup simp.....āā 3j.

Mix. Sig.—Take one teaspoonful in a wineglassful of water every 2 or 3 hours.

In the above, the tinct. of catechu can be substituted for the kino with equally good results. This is for cases without much pain. If there is much severe pain with enteritis or dysentery, the following is better:

℞
Tinct. opii deod..... 3iij to iv
Tinct. kino,
Syrup simp.....āā q.s. ad. 3ij.

Mix. Sig.—Take same as above.

Often opium and astringents fail to check diarrhea. In such cases I add to the above prescriptions from one-half to one drop of tincture of capsicum to each fluid dram.

In diarrhea of children, I put ten grains of powdered kino in a cup and add ten teaspoonfuls of hot water, stir it until dissolved, then add two teaspoonfuls of good brandy and two lumps of loaf sugar, and give one teaspoonful every two or

three hours. This makes a pleasant, palatable and efficient remedy. If there is pain, a few drops of paregoric can be added to each teaspoonful, according to age. The kino can be increased also to almost a saturated solution.

In cases of hemorrhage in dysentery, or a persistent discharge of bloody mucus. I use an injection of alum. For adults one tablespoonful to a quart of warm water, and for children one teaspoonful to a quart. This injection will be a little disagreeable, but will do no harm. It will be found to be eminently successful. Generally one injection is all that is necessary. In bleeding hemorrhoids, for temporary relief, it is also very satisfactory.

There is no remedy that has been of greater benefit to mankind than the old-time "Dover's powder." Thanks to the ancient originator! For nausea and vomiting in children it is one of the best. If the first dose is vomited up, it should be repeated in five or ten minutes. A child can hardly vomit twice in such quick succession. The second dose will generally be retained, and it will do the work. Keep water away, and give from 1 to 1½ grains to a child one year old. For diarrhea of children, it is one of the first remedies. It can be combined with bismuth, chalk, salol, the sulfo-carbolates, or the astringents, mineral and vegetable. The opiate in Dover's powder controls pain and peristaltic action. I have cured hundreds of cases with it alone.

A good many physicians condemn opiates in the summer complaints of children, saying that they "go to the brain." My experience is the opposit; that if a child is restless from pain, and its diarrhea is let run, it dies from exhaustion induced by long continued drain. The blood becomes thin and watery, the brain does not get sufficient nutrition, and convulsions and death follow. Every case of diarrhea should be controled at once. The old idea that it is wrong to check a bowel trouble too soon when teething is going on, is a great mistake. Does a child have diarrhea while teething in the winter time?

It may be necessary to give a laxativ in the beginning of the diarrheas or dysenteries, but afterward they should be tied up tight with opiates, and kept that way for two or three days, thus giving the mucus membrane a chance to heal.

Columbus, Ohio, S. C. DUMM, M.D.

Dr. J. R. Smith, of Warsaw, Mo., writes that he has had universally satisfactory results in obstinate cases of eczema by the use of ichthyol, together with proper constitutional treatment as demanded by each case.

Editor MEDICAL WORLD:—If Dr. Ferguson, of Tenn., will give atropin to his case of stomatitis materna, his patient will get well. If patient is a blonde and nervous, be careful in administering drug. Vanceburgh, Ky. W. B. SECRET, M.D.

A Request to Test Homeopathy.

Editor MEDICAL WORLD:—As a pure homeopath, I ask every one of your readers to obtain from a homeopathic pharmacy a two dram vial of cina 30, in pellets. And when you find a child from 1 to 10 years old, presenting several of the following symptoms (I do not care what diagnosis you may make, worms, worm fever, malarial or infantile remitting fever, convulsions, cough, croup, whooping cough, or one of those nameless indispositions to which children are liable): cheeks red, bluish white around the mouth, picks and rubs the nose, is very cross, rolls and tosses about constantly during sleep, grinds the teeth during sleep, appetite capricious, at one meal eats voraciously and again refusing all food, twitching of limbs, frequent motion as tho swallowing something; give to such a child one dose only of 2 or 3 pellets and no more of any kind. In order to quiet your fears or your conscience, begin with cases that cannot prove fatal. Do not worry as I see Dr. Piper is doing, as to how much of the 30th potency the patient must take in order to get one drop of official tincture. Keep that for after consideration.

I request as many as have the courage to do so to report the results to this journal after thus treating five cases.

A. McNEIL, M.D., San Francisco.

The Thirtieth Potency.

Editor MEDICAL WORLD:—In reply to Dr. Piper's inquiry in your June issue, "how much of one drop of the official tincture is contained in one drop of the thirtieth potency," perhaps may be answered in the same spirit by "asking another."

The mother after a fit of anger, nurses her babe. Within an hour the child is in convulsions. How large a dose did the

baby receive? What was the potency? It was effective, even if dynamic.

A gentleman was riding on the road after a rain. To the windward, perhaps fifty feet away, was a vine of the rhus radicans (poison ivy). In a few days he had a severe dermatitis covering the entire body, which lasted for weeks. He had but the one dose, yet it was terribly effective. How large was the dose? What portion of a drop of "the official tincture" did he receive?

How large a dose and what potency do we receive to have measles, scarlet fever, smallpox, pertussis, diphtheria, etc.?

Dr. Piper says: "I could never understand potencies or similars, and the prescribing for symptoms in place of the disease." Can he understand or explain chemical affinity, or why or how oxygen and hydrogen unite in definite, fixed proportions, and in no other way, to form water? There are many every-day facts in science not easy to understand and very difficult to explain, and must be taken as facts whether we can explain or not. It is not difficult to understand potencies or similars or the prescribing for symptoms if we study them as we did algebra, mathematics or anatomy. How the potency acts or cures no man can tell any more than he can tell how the crude drug acts. That they act is a fact, and is neither a question of faith or belief. Dr. Hahnemann was as "regular" as Dr. Piper can be. Let Dr. Piper make the scientific experiments in therapeutics that Dr. Hahnemann made and publish the failures.

Chicago.

H. C. ALLEN, M.D.

Did the Swallowed Copper Coin Cause the Asthma?

Editor MEDICAL WORLD:—A stout hearty boy, 7 years old, swallowed a two-cent copper piece. In about three weeks he had an attack of asthma. In about four weeks he had another attack, and continued to have them at irregular intervals until he passed it by rectum nine months after swallowing it. When called in I found it was giving him no pain nor trouble of any kind, except he was scared. I instructed his parents to feed him plenty of potatoes, cooked in different ways, and watch the stools for the coin—which the boy never failed to do. I think that boy sat in the corners of the fence for about one-third of his time for three months, trying to have another action just to see if the money

would come; but he had to wait nine long months (or until the full turn of recto-gestation) before he called for his "granny" to deliver that long lookt for mulatto. Proud boy he was when "granny" with a stick separated it from its fecal placenta, washt and dresst it (by wrapping it up in a rag) and brought it around for the doctor's inspection. He, she, or it had the appearance of being perfectly healthy, except a few little corroded specks about the size and shape of a flax seed.

It has now been five years since the copper past, and that boy has had no more asthma nor any symptoms of it. Now, Mr. Editor, did the copper cause the asthma? J. P. PHILLIPS, M.D.

Yantly, Ala.

[It seems that the asthma was a reflex from the presence of the coin in the alimentary canal.—Ed.]

Quinin in Labor.—Gelsemium in Gestation.

Editor MEDICAL WORLD:—On page 184, May WORLD, is an article on postpartum hemorrhage caused by the use of quinin to induce labor. Dear Doctor Hammond, allow me to rise from my office chair and shake hands with you for this timely article. I will give a case in my practise in line with your experience in the use of quinin in labor.

On January 1, 1901, I was called to see a Mrs. W., six miles in the country, age 36, multipara; delayed labor. I gave three grains of bisulf., quinin and in one hour gave a second dose. Labor was hastened with violent labor pains. Normal otherwise. Placenta delivered in normal manner and condition. Good contraction. On the third day I was sent for. Not being in town, Dr. Wolff was called. Dr. W., supposed that there was a retained placenta. Dr. Field was called, who did not agree with Dr. Wolff. Examination showed no retained placenta, but some small pieces of coagulated blood. Hemorrhage continued; ergot was administered by hypo. Finally hemorrhage ceased.

I have had twenty-two or three such cases as far as postpartum hemorrhage from the use of quinin is concerned, in the last twenty years' practise. Brother practitioners, please give us your experience. Allow me to say a few words in regard to the use of gelsemium as a relaxant in rigid os. It will relax the os and relieves the patient of a great deal of suffering. Also

it will produce abortion. In treating malarial fevers I feared the use of quinin during gestation, having had bad results—abortions. I conceived the idea of giving fl. ex. of gelsemium to break the fever, which it did, and I also had several abortions from its use. S. F. SCOTT.

Waukomis, Okla.

Gall Stones.

Editor MEDICAL WORLD:—During my thirty years' experience in practise I have seen but one genuin case wherein gall stones were diagnosed, and which a post-mortem examination verified. I saw this while in practise in Humboldt county, Iowa, during the year 1873. The patient, Mrs. H., aged 64, weight 300 pounds, multipara, with a complexion that any girl would envy, complained for many years of spasmodic pains in the hepatic region. At her request I did the post-mortem, finding one large gall stone (weighing $\frac{1}{2}$ ounce) and a calculus of very inferior size, both completely filling gall bladder. The calculus was ovoid, with colored rings of light-brown and yellow. This patient had hydroperitoneum, umbilical hernia, and ovarian tumor.

Of the several suspected cases of gall stones I have seen, I do not think ol. olivae would have had any effect in relieving, for if such be given to a healthy person, and the stools noticed after twenty-four hours, it will be observed that there will appear a great number of so called gall stones.

Moral:—The work of ol. olivae has hoodwinked in such cases many careful observers.

DR. SPRAGUE.

Stirling, Ont., Can.

For Cuts, Bruises and Burns.

Editor MEDICAL WORLD:—Cut ripe tomatoes up fine, fill quart bottle half full, and add sufficient whiskey to fill the bottle; cork and let sit for a week. Then it is ready for use. Apply freely to your cuts and burns. It relieves the soreness and pains, heals rapidly. I use it on myself all the time. Give it a trial and you will be surprised.

Blackburn, La. W. H. CASON, M.D.

[We do not see why cuts should be so treated. The indication is to unite the cut surfaces and thus favor union by first intention. All irritants, except for anti-septic purposes, should be kept away. The chief indication in burns is to protect

from the air. The above application would not serve this purpose very well. It might serve a useful purpose in bruises and sprains.—Ed.]

TO THE EDITOR:—The following agreement has been signed by every physician in this city, and it has been published in the two daily papers here, and the universal comment excited by its publication has been favorable to the stand taken by the physicians. The people say that it is just and right, that the County is not a pauper, and should pay physicians' prices ruling and establish in the neighborhood as it pays the grocer for his goods, the mechanic for his labor and material, and for services rendered by supervisors and road commissioners when on duty for the County; that physicians pay their taxes like other people, and, besides, render to the public much other service for which they are not remunerated at all.

We, the undersigned physicians of Pana, do hereby mutually promise and agree among ourselves and to each other to the following:

1. That we will not bid for pauper practise;
2. That we will not attend the paupers at a less rate than the regular, establish and recognized Fee Bill of Pana.

N.B. It is also understood that no one physician shall be favored in the distribution of the pauper practise, but that the patient shall have the privilege of choosing his own physician.

Pana, Ill. J. J. CONNER, M.D.

The Death Penalty Without Pain.

So long as the law of "a life for a life" is accepted by civilized nations, the grim question as to the most humane method of putting that law in force is one which is bound to come up for discussion from time to time. In New York State, the electrical process is resorted to, while in some other states the old method of hanging by the neck has been sufficiently modified to insure the instantaneous death of the culprit. There are foreign countries in which the death penalty is enforced in a far more ghastly manner. It has been reserved for the Japanese to suggest another system, which seems to be effective and at the same time free from the reproach of inhumanity. The condemned person is shut up in a lethal chamber, and by means of powerful pumps the air is rapidly withdrawn from it, and death at once ensues. Experiments upon animals point to the conclusion that this method is quite painless.—Inter-State Medical Journal.

To those who find this little paragraph marked with a blue pencil we wish to say: Now is the time to get square with the world in general (see "Monthly Talk" in this issue), and with THE MEDICAL WORLD in particular. The four year plan continues to grow in popularity, for many busy doctors find that renewing every year is a little matter that is easily overlooked and neglected.

Dr. Chas. O. Lowry, of Indianapolis, Ind., sends check for \$3, and writes: "Please accept my sincere thanks for your extreme consideration, and find check for THE WORLD as noted above. I enjoy and appreciate THE WORLD and am always glad when it comes. Neglect is my only reason for delay, and I ask pardon for my forgetfulness."

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Will you give us the best mode to administer calcium sulfid? I mean, how shall we prescribe it in order that it may not lose its virtue? It is said to begin to lose strength as soon as it is exposed to the air. If that be so, how may we protect it in a prescription? J. R. FELTS, M.D.

Southside, Tenn.

[Give it alone, in the form of granules or tablets, which are supplied by many of our pharmaceutical houses.—Ed.]

Combination Saddle and Buggy Case.

Editor MEDICAL WORLD:—I am interested in the combination saddle and buggy case as described by you in MEDICAL WORLD for November, 1900. Please advise me if you can secure such a case for me, and at what cost to me.

Pineville, N. C. W. K. Reid, M.D.

[The case was devised by our assistant editor, and the intention of the article on pages 420 and 421 of the November WORLD was to give such instructions that any cabinet maker could construct one in a satisfactory manner. We had our cabinet maker make the body and the racks and had our local saddler cover with leather of the best quality. The flat tin boxes are made by W. A. Gill & Co., of Columbus, Ohio, and are known as "Lacquered Oblong, 1 Ounce;" the glass stoppered, screw top bottles are sold by all of our medicine case and physicians' supply-houses. We have quite a number of advertisers along this line, and it may be that any of them could construct such a special case cheaper than you could have it done by local talent. Write to all of them, and if none of them care to make the case for you, we will send you the addresses of the shops who made ours; but it is likely that men in this business will work more skillfully and cheaply than those not accustomed to such work. Any way, it is always well to patronize WORLD advertisers.—Ed.]

"Heart Burn."

Editor MEDICAL WORLD:—I have a patient whom I have been treating for about two years. I diagnosed the case as one of chronic catarrh, or chronic inflammation of the mucous membrane of the stomach, and have been treating it as such. The patient is 68 years old, has always been a very temperate man in every respect, has never used tobacco in any form nor liquors of any kind, never drinks tea or coffee, but uses milk or chocolate and only a very small quantity with his meals; never uses ice water, eats very little meat and that is beefsteak cooked without butter or grease of any kind. It cannot be said that his digestion is bad, yet it is not perfect; has very little gaseous formation in the stomach or bowels: food sours a little after eating. Has "heart burn" when he takes the least exercise or makes any exertion; walking will sometimes bring this heart burn on, and his face will turn very red when he is suffering with this burning. When he is sitting or lying down and making no exertion it does not trouble him. He has tried starvation for the heart burn, thinking what he ate caused it but it did not make any difference; whether he starved or ate, it would come on just the same if he exerted himself. He has not lost any flesh, but looks fairly well only when he is suffering with this burning; his tongue is coated slightly with a white coating; when he gets up in the morning the least exertion quickens the heart action very much. He sleeps well, has a good passage from his bowels once a day, kidneys act all right and all organs of the body seem to act all right. He says if this heart burn could be cured he would be a new man. He has no other pains at any place.

The treatment which I have used at different times is as follows: I have used Marchand's glycozone and hydrozone for a long time, but it had no effect on the disease. I thought it would remove the mucus which collected on the mucous membrane of the stomach, but it did no good. I have tried quite all of the digestives, antacids, and sedatives; caroid, taka diastase, subnitrate of bismuth, subgallate of bismuth, magnesia, charcoal, hydrochloric acid, Fowler's solution, oxalate of cerium, kava kava, fld. ext. boldo, tr. lycopodium, fld. ext. primrose, carbonate of ammonia, cocain, lime water, hyoscy-

mus, creasote, dioscorea villosa., tr. monotropia, fld. ex. California poppy. Some of these have given temporary relief but do not cure the burning. I am now using diluted prussic acid three drops, three times a day, but as yet have realized no benefit from it.

Mr. Editor, I would like to have your opinion and treatment of this case; also the opinion and treatment of the many subscribers to THE WORLD. I feel discouraged as I have used about all the remedies recommended in the allopathic, eclectic and homeopathic materia medica. I could not do without THE WORLD; it is a welcome visitor.

Hickman, Ky. C. H. HUBBARD

[Have him take the artificial Carlsbad salt, a heaping teaspoonful to a pint of hot water; sip slowly half an hour before breakfast. The salt is made by taking five parts sulfate of sodium, two parts bicarbonate of sodium, and one part chlorid of sodium, by weight. This will dissolve the mucus clinging to the walls of the stomach, and will permit the food to be acted upon. If this does not bring rapid results, we would suggest washing the stomach thru a stomach tube. In the way of medication, try him on five drops of the strong nitro muriatic acid, freshly prepared, in a glass of water before meals. When this acid is properly prepared it is red in color; when it becomes yellow, it is unfit for use. It is not worth while to make up over an ounce of it at a time. If he needs any intestinal antiseptic we would suggest beta-naphthol in five grain doses an hour after meals.—Ed.]

Haarlem Oil.

Editor MEDICAL WORLD:—In your next issue kindly give composition of "Haarlem Oil," and any short information you may possess in relation to it, and oblige,

DR. F. H. PICKEL.

Sweetsburg, P. Q., Canada.

[Remington's Practise of Pharmacy gives the following formula:

Sulfurated oil.....	12 fluid ounces
Barbadoes petroleum.....	4 fluid ounces
Amber oil, crude.....	6 fluid ounces
Turpentin oil.....	32 fluid ounces
Linseed oil.....	16 fluid ounces

Mix.

The sulfurated oil is prepared by boiling one part of sulfur with eight parts of olive oil until they are united. The "Barbadoes" petroleum likely differs in

no way from the local product. All authoritative text books are naturally chary of giving space to such a product, and we can not give you further information of value; but there is little doubt of the formula being approximately correct, and you, yourself, may readily judge of the value of the product. It is turpentin oil diluted with a simple lubricant, and with sulfur and petroleum added as adjuvants. Ed.]

Stainless Iodin Ointment.

A Canadian subscriber asks for a formula for stainless iodine ointment. A pharmacist friend advises us that colorless iodine ointment may be made by the following process:—

Iodin.....	18 grains
Potassium iodid	4 grains
Water	8 minims
Benzoinated lard	418 grains
Hyposulfite of soda.....	enuf.

Rub the iodine and potassium iodide with the water, and then add only enough hyposulfite of soda to decolorize the mixture; then blend with the benzoinated lard. Do not use metallic utensils, spatulas, mortar, or containers.

Saturated Tinctures.

Editor MEDICAL WORLD:—In a back number of your valuable journal is a formula for Osgood's India Cholagog in which a saturated tincture of stillingia is mentioned. Would you kindly inform me what a saturated tincture is? I have not been able to find it in any reference book.

Mattapaw, Mass. CHAS. E. BAGLEY.

[Use 94 per cent. alcohol and allow to macerate a week. This will give you all the strength it is possible to get into a tincture. We would use a double portion of the drug. The formula was published by us as given in "Secret Nostrums and Systems." In a strict sense, you know there could be no uniform line of "saturated tinctures." Strange terms are common in such formulas. Weigh your drug and measure your alcohol. See that the drug is finely divided. Keep it in the alcohol one week, with frequent agitation, and you will have a "saturated tincture" as strong as any tincture can be saturated. —Ed.]

Editor MEDICAL WORLD:—Won't you please have the automobile discussed in your columns? I would like to know whether

they would be of practical use to country physicians or not. The roads in Kansas are generally splendid ten months of the year.

H. M. OCHILTREE.

Haddam, Kan.

[Those who have had experience are invited to speak.—Ed.]

Painful Movements of the Testicles.

DEAR EDITOR:—I have a case of a man approaching sixty who for many years has suffered from painful movements of the testicles. He admits having, in former years, made too free use of that part of his anatomy, but for twenty years has been as well behaved as the general run of married men. For a long time there was an almost constant up and down movement of both testes, and the alternate contraction and relaxation could be easily noticed. With this there has been pain, constant, aching and annoying. During the last two years the right has been less painful, but the left retracts somewhat tightly, and sitting or walking, indeed, in any position, fails to do away with this ever present worry. Wearing a suspensory seems to relieve the right, but not the left; then in stooping at work (being a farmer) the touch of the support aggravates the trouble. The left has become much less than it was in its palmier days.

The treatment has been, use of the suspensory, attention to bowels, cold bathing, sleeping alone; then potass. brom., potass. iod., valerian, sambul, each in its turn; also counter irritation to spine, low down, and yet the unwelcome song, "No better," meets me at office door from time to time. I have suggested the removal of the left. Now then, what do the Editor and readers of THE WORLD suggest? "ONTARIO."

[If we understand your treatment, you have filled all the indications. The trouble is evidently either nervous or reflex. We assume that you have not gotten a complete physiological effect from your bromids, or that you are dealing with a hysterical case. Examine his prostate thru the rectum. Continue use of suspensory, laxatives, ice sponging of the scrotum every eight hours, and the use of bromids to the verge of bromism. Explain to him that his former indiscretions can not have anything to do with his present condition. Convince him that every man's testicles grow less in size as age approaches. Suggest to him that if you relieve his pain, he ought to think less of

such things, and more of more elevating subjects, since he has evidently had his time. We certainly would not think of operating unless you can diagnose malignant trouble or hopelessly enlarged prostate. Have you carefully excluded beginning hernia? If we appreciate your position, we believe that if he has no beginning hernia, and his prostate is not unduly enlarged, you are dealing with a mild case of hysteria. We need make no further suggestions along therapeutical lines. Assure him that of the many similar cases you have seen, nearly all got as well as advancing age permitted. We do not question the retraction; but we very much doubt the severe pain. Let us hear from the case again. Another feature, before closing; varicocele may appear at any age, and the veins may not have been appreciably engorged at the time you made any of your examinations, while at other times they may have been enuf so to annoy and pain the patient. This should be investigated also —ED.]

Editor MEDICAL WORLD:—In what proportions should the sulfocarbolates of zinc, calcium and sodium be mixt for internal use as an intestinal antiseptic?

Ohio.

OLD SUBSCRIBER.

[Sodium sulfocarbolate is soluble in water and is given in doses of two to thirty grains. Zinc sulfocarbolate is administered in doses of one-half to two and one-half grains. Magnesium sulfocarbolate is well borne any where from five to thirty grains. Potassium sulfocarbolate is generally advised in dosage of five to ten grains. The sulfocarbolates are generally commended as being among the most reliable of intestinal antiseptics. These salts are prepared from ortho, and para-phenol sulfonic acids. They have scored their greatest successes in scarlatina, diphtheria, typhoid fever, diarrhea, and fermentiv forms of dyspepsia. Favorable reports are on record of their use in aqueous solution as a local application in apthae, and in removal of pseudo-membranous exudations in the naso-pharynx. The results in such cases are ascribed to the presence of the phenic acid. These drugs are worthy of more careful attention at the hands of the general practitioner. Most of the latest text books barely mention them, or omit them entirely. We have an editorial on them in this issue. —ED.]

Editor MEDICAL WORLD:—Boy, colored, aged 3 years, family history good. Six months after birth mother discovered unusual thickness of integument covering plantar and palmar surfaces, which has been rebellious to the treatment of some of the best physicians of this place and of New Orleans. He experiences no inconvenience whatever, neither does he suffer from any pain. His parents are, however, very anxious to have the trouble cured lest it should become serious.

Baton Rouge, La. S. W. LEWIN, M.D.

[You do not give sufficient details to enable us to make a complete diagnosis. As we understand the case, it looks like xeroderma. This is a variety of ichthyosis. It is generally congenital, but is not commonly noticed till some time after birth. In this disease little or no sweat is secreted, and the hair follicles on the extensor aspects project above the level of the skin. The skin is distinctly thickened and the natural lines are deeper than on normal skin. If this is what your patient has, you will hardly cure him, but markt amelioration of the symptoms may be obtained by warm alkaline and bran baths, followed by inunction with lanolin. This treatment must be persisted in a long time if the advantage gained is to be maintained.—ED]

Editor MEDICAL WORLD:—I would like to have an opinion on the following subject: Do ovulation and menstruation depend upon each other? At what period of menstruation is conception most liable to take place? Some authors say three days before and twelve days after. Is there any period free from danger of conception? Is a woman at 35 or 40 who has never been pregnant or had sexual intercourse as liable to conceive as a young woman? J. J. MONCRIEF, M.D.

Hammons ville, Ark.

[The best authorities now declare that ovulation and menstruation are independent of each other. There are cases of women who have never menstruated that have borne children. It is not uncommon to hear of a young girl pregnant before menstruation. Cases of super-fetation are by no means rare; and these can only be explained by the fact that an ovum has been extruded after pregnancy occurred. (2) Conception is most likely to occur a day or so before, or within ten days following the menstrual flow in the case of

most women; but this is by no means a universal rule. Probably 90 per cent. of women will not conceive twelve or fourteen days after the flow, and not until within a day or so of the next period. (3) There is no period in a woman's life, from puberty till after the menopause, in which she is exempt from impregnation if the semen be deposited within her vagina. We have known women to shun offspring for many years by abstaining from sexual intercourse for twelve days following the flow, only to be caught at last, without having violated their infallible rule. (4) A woman of 35 or 40 who has never had sexual intercourse is just as apt to conceive as a younger woman.

Doctor, if you are asking these questions for your own information, well and good; if you are asking them so that you may inform some patient, let us stay your tongue. There are thousands of clandestine prostitutes and libertines to day who would not be so if every physician had done his duty. Tell your patient that the object of nature in establishing the sexual instinct was the perpetuation of the race, and that every exposure may be followed by pregnancy.—Ed.]

Editor MEDICAL WORLD:—Please help me in the following case. Girl, aged sixteen, good size, well developed; habits active, lively and cheerful in health. During childhood and until within the past year or two has eaten a great deal of candy, ice-cream and cakes—in fact anything sweet. For several years has suffered much from constipation; has to take a cathartic almost every day. During the past three years I have attended her in perhaps ten or a dozen bilious attacks. Attack begins with pain in stomach and bowels, and in a few hours nausea and vomiting occur, which continue persistently for two to four days. A hot hop bag generally relieves the pain, but nothing on earth seems to have any effect on the nausea and vomiting, except to make them worse. I have used tr. nux vom., vin ipecac, sodii sulf. and bicarb., salt seidlitz, bis. subnit., cerei oxalate., acid hydrochlor., chloroform, cocaine and what not. Chloroform inhalation gives temporary relief. Between attacks we try, by dieting and keeping bowels regular, to prevent a recurrence, but they come all the same, without any apparent cause. The vomit consists of contents of stomach with mucus, and yellowish or greenish

bilious matter. Never has any fever, but hysterical symptoms sometimes appear. Will the Editor and any of the family who can help me in this case please do so?

Dixon, Cal.

S. E. Morse,

[Control the bowels by hygienic measures, rather than by too much cathartic medicine. Have her drink freely of water, the last large draught being taken before retiring. Have her eat freely of laxative fruits, such as dates, figs, stewed prunes, stewed peaches, etc. Before rising in the morning have her massage the line of the colon deeply with the clenched fist for fifteen minutes, beginning in the right iliac region and passing up to the level of the umbilicus, then across the abdomen, then down on the left side. Have her go to stool at a regular hour every day, even if no desire is felt, and remain there for a time. Regularity of action may sometimes be instituted by the use of injections or suppositories. If necessary to use laxatives, try some of the mechanical ones, like olive oil, or a teaspoonful of white mustard seed stirred into a glass of cold water. If you had the bowels actually on full functional duty, we believe the attacks would disappear. If you suspect any hysteria, give her a full hypodermic dose of apomorphin when the next attack appears; it might not be bad treatment if there is no hysteria present, and it can do no harm in any event.—Ed.]

Editor MEDICAL WORLD:—In addition to what Dr. S. E. McCully has said in your June number about orgasm in women, I will say that I believe many women need to have the sexual functions trained and properly developed. They grow up with the idea that it is immodest to allow the mind to dwell even for a moment upon the sexual act. This restraint becomes habitual, and many a married woman never makes the slightest response to her husband. Under these circumstances the embrace of a husband results in feelings of disgust on his part, and perhaps on both. Right here is a frequent cause of incompatibility. Repeated and skilfully directed efforts to arouse the sexual appetite of the woman will finally accomplish its end, and the married lover will be well paid for his pains in the tenfold greater pleasure of both parties accomplishing the orgasm at the same time. Ruckersville, Va. JESSE EWELL, M.D.

[Marital infelicity is the greatest mis-

fortune that can befall any man or woman. Marital felicity is more to be desired than wealth, fame or position. As our life rests on a physical basis, our conjugal happiness must rest largely on physical relations. However much we may try to convince ourselves to the contrary, this is true, nevertheless. We can't help it. We are made that way—and the Creator is wise. If we are wise we will recognize this fact, and accommodate ourselves judiciously to it. The husband should continue to be the lower "as long as both shall live;" and the wife should continue to be as winning in her manner as when she was a "sweetheart"—she should ever strive to be the "sweetheart" of the man she has accepted. Nothing in life can be more important. Doctors can greatly increase the sum total of happiness by dropping a few words now and then along this line. People will treasure what the doctor says, and he has access to the heart of the family. If Mollie and John have not been getting along well together, both may want to "make up" again, but they may not know how. The family doctor can give them "points." To each alone he can advise mutual kindness and forbearance; tell John to get Mollie a present; tell Mollie to receive it with a kiss; tell John that Mollie's body is her own; that marriage does not mean unbridled license; that it is still necessary to win and to hold, and that the wife has rights, tho the husband has expectations. This kind of a life is worth living; and the babies that come into it will be welcome.—Ed.]

Editor MEDICAL WORLD:—Please give your readers some idea of the difference in construction of the five minute thermometers and the one minute or half-minute thermometers, of more recent date. We understand that the index in either case is retained in position by a constriction in the caliber of the tube; but what constitutes the difference between the two.

Ruckersville, Va. JESSE EWELL, M.D.

[A small amount of mercury can be heated up to a given degree in a shorter time than a larger amount of mercury. Also the thinner the glass in the bulb the more rapidly the heat can get at the mercury. Therefore, rapid registering is favored by a small, slender bulb, the glass inclosing the mercury in the bulb being

thin. This is all the difference there is between the slow registering and the rapid registering thermometers. The column is smaller in the rapid registering thermometers, but this is usually overcome by a magnifying front.—Ed.]

Editor MEDICAL WORLD:—I have a patient, male, age 30, occupation, clerk, who has attacks of a deprest condition; pulse will be very slow, say fifty or sixty per minute; voice at that time will be weak and trembling and there is a light feeling about the head—vertigo; does not rest well at night. My treatment has been syr. iodid of iron before meals; arsenauo, strychn. and lact. pep. elix. after meals. Bromidia at bed time. Will the "family" give a diagnosis and treatment? Would like to hear from the Editor.

Crockett, Texas. W. W. LATHAM, M.D.
[We would suspect oppression of the heart from a stomach distended by gas. Your treatment evidently met the indications, and we would only suggest free use of salines and careful dieting. Occasionally a combination of pepsin, nitro-muriatic acid fortior, and strychnin does well in such cases.—Ed.]

Editor MEDICAL WORLD:—Would like to have causation, diagnosis, prognosis and treatment for the following case: Male, aged 47, was attackt about eight years ago with an eruption on the glans penis and prepuce, extending to the scrotum and neighboring parts. It appeared in the form of small, white blisters which seemed to sluf off in a day or so, leaving a small, bright scarlet point that would heal without treatment in a week or ten days. The attacks are accompanied with considerable itching and burning. General health otherwise is good. Has been in the rounds of nearly all the M.D.'s in these parts, besides quite a number of advertising newspaper quacks. Has been treated for syphilis, chancroid, gonorrhea, spermatorrhea, etc., etc. My diagnosis is eczema, but so far my treatment has been unavailing. Blue ointment seems to heal and relieve the symtoms better than anything that has been tried. Attacks have varied from about a month to nearly a year apart.

McElhany, Mo. J. A. COFFMAN, M.D.

[We would suspect that he may have both eczema and herpes genitalis. Investigate as to whether or not he has a ten-

dency to the uric acid diathesis; and if this be found put him on free dosage of alkalies and salines. Keep the glans penis and prepuce clean by sponging twice a day with bichlorid of mercury 1 to 10,000, and follow by dusting with any of the drying powders. If there be moisture about the blisters, keep a film of absorbent cotton over them to keep them dry, and have him change it often enuf to prevent the secretion from remaining in contact with the parts. It may also be herpes of the scrotum and neighboring parts, in which event the same treatment would apply there also. If it were eczema, the eruption would hardly disappear untreated "in a few days." If you have true scrotal eczema apply the following lotion freely four times a day:—

℞
Lapis calaminaris.
Zinci oxidi.....āā ½ ounce
Glycerini.....½ fluid ounce
Acidi carbolici.....minims 10
Aquae calcis.....q. s. ad fluid ounces 6
Mix and apply frequently after thoro shaking.

This treatment should cure your case if there is no specific trouble, and we do not think there is.—Ed.]

Editor MEDICAL WORLD:—I am suffering with a canker sore mouth; comes on nearly every month, and lasts for ten days or more. General health is good, digestion is good, but I have considerable headache. Am not constipated. Any suggestions will be thankfully received.

PHYSICIAN'S WIFE, Rosedale, N. Y.

[Glad to help our lady friends. Your "canker sore mouth" is a catarrhal stomatitis, caused by some one or more of the following conditions: the use of food which is too hot or too cold; irritation from ragged teeth (lack of care of plates, if false teeth are worn); the use of too strong condiments; or neglect of oral hygiene; or of gastro-intestinal irritation. You say your digestion is good; it is quite possible that you may deem it so, and yet it may be seriously impaired, and without giving any severe or annoying symptoms. Regulate your habits according to the suggestions given above, and treat the attacks as directed. Your mouth will then get well unless it be a sequel of indigestion, in which event your husband will readily prepare you a stomach and intestinal stimulant and digestant. If false teeth are worn, scrub them thoroly after each meal

with a saturated solution of boracic acid, and it is sometimes advisable to keep them in a glass of such solution over night. When the attacks comes on, cleanse each ulcer thoroly with pure peroxide of hydrogen, 15 vol. solution, or hydrozone. Afterward touch the ulcers lightly twice each day with the solid stick of nitrate of silver. Five to 10 grains of alum to the ounce of infusion slippery elm bark constitutes a severe but promptly efficacious mouth wash.—Ed.]

Editor MEDICAL WORLD:—Young lady, 26 years old, single, good family history; has always had ovarian trouble. On July 16th, 1900, she had oophorectomy performed. For ten months she had no trouble, but in May and June, 1901, she has had considerable pain and profuse hemorrhage. She is otherwise in good health. Please diagnose and suggest treatment.
J. P. WILLIAMS, M.D.

Aiken, S. C.

[Your data are insufficient upon which to base an accurate diagnosis. We would surmise that the uterus was not removed at the time of operation; in which event we would say endometritis, and would curette thoroly, and repeat if necessary. We would endeavor to check hemorrhage by the following pill: gallic acid, 3 grains; ergotin, 1 grain; hydrastin, ½ grain. Give two pills every hour for four doses; then one every two or three hours as needed. We would use a wafer or suppository containing

℞

Alum 3 grains
Zinc sulfate.....2 grains
Tannic acid 2 grains
Boric acid 6 grains
Ext. hydrastis, colorless.....1 grain

Syringe vagina with warm water and insert one just on retiring every third night; wash out the vagina the next morning with an injection of warm water. Or, if this prove too severe, add two such tablets to a quart of water and use as an injecti on twicedaily. Gelsemium is one of the best remedies for such pain as you describe; but the probabilities are that the pain is due in part to the clotting of the hemorrhagic flow, in which event only the checking of the flow will give relief. The artificial menopause following mutilating operations must always be met by rest, quietness, tonics, and nerve sedatives; stimulants and laxatives are often neces-

sary. When you write us again please give more detailed symptoms.—Ed.]

Editor MEDICAL WORLD:—That doctors make examinations of candidates for various fraternal organizations for \$1.00, and even less, is a lamentable fact. Such cheap work brings no honor to the doctor or his profession. The absence of a well conducted society of doctors who will look out for their professional prestige and financial interests, the lack of college training on this subject, the fact that there is too often found a "Judas" in our ranks, will all combine to keep the cut-rate lodge doctor in work.

The best patent medicine endorsers are the "Reverend Doctors"—"the most most eminent and widely known," as stated by the advertisers. These are "God's poor," who beat the regular doctor in each of their three or four years' location.

Could not THE WORLD organize some such society? Many physicians do not make any charge for services to "the cloth." Could we not arrange to perpetually mark every preacher who endorses any quack nostrum? JUVENAL.

[We cannot imagine how such a society could be organized. To be successful it would require the majority of the capable physicians in every community and county in the United States to be enrolled as members. No such union of interests is ever probable, since such an organization would take many men and many years and thousands of dollars.—Ed.]

Editor MEDICAL WORLD:—Will some reliable doctor give us thru this journal a full sketch of suggestiv therapeutics? Or, in other words, the information taught, or rather offered for sale by certain "Colleges of Science?"

CANADIAN SUBSCRIBER.

[It would be impossible to get such information condensed so that THE WORLD could devote the space. There are many "fake" institutions purporting to teach the "science" by mail and otherwise, and it is well to be on the lookout for such. There is a definite power in suggestiv therapeutics, but it is not every practitioner who can summon the power to his aid. It is hardly a matter of learning, but is more a matter of personality. Of course, a man with the required characteristics may easily become a skilled operator, and even

a man with poor qualifications may reap some benefit from instruction. Note advertising page 32 of April WORLD; also advertising page 12 of January WORLD.—Ed.]

Current Medical Thought.

New Treatment for Small Pox.

In the *Progres Medical*, Paris, May 11, 1901, Dr. Nokowski reports a number of cases of small pox treated by rectal injection of hydrosulfuric acid in dosage of 10 mg., to 10 cg., according to the age of the patient. In about fifty cases there was complete development of the pustules on the third or fourth day, and by the eighth or tenth day the crusts and scabs had dropped off. With large doses a number of patients were cured in five days. The worst case in the lot had four injections a day for five days and was well in eight days from beginning of treatment. The acid is said to render the micro-organisms innocuous by altering them from aerobic to anerobic bodies. He states that the eruption spares the abdomen after injections are made, seeming to indicate that a zone of protection had been thrown around this area.

Experiment to Prove that Malaria can be Caused by Mosquitoes.

In the *British Medical Journal* for September 29, 1900, p. 949, Manson reports the successful inoculation in London with malaria of an uninfected individual by means of infected mosquitoes brought from Italy, all of the details of the observation being carried out with scrupulous exactness and control. Dr. Manson's son, a healthy man, twenty-three years old, who had not resided in a malarial locality since childhood, volunteered as a subject for the experiment and submitted on three occasions to the bites of the imported and infected mosquitos, with the result that within a few days of the third inoculation characteristic symptoms of tertian malarial fever appeared, together with the presence of the corresponding parasites in the blood. Relief was promptly afforded by the administration of quinin. Similar observations are said to have been made in New York on a patient in Bellevue Hospital, who volunteered for the purposes of the experiment.—Phila. Med. Jour.

Explosiv Mixtures.

Explosiv compounds result from the following admixtures:

Chorin and its oxids	with phosphorus or hypophosphites.
Free hydrochloric acid	" sulfur or sulfids.
Nitro-hydrochloric acid	" glycerin, sugar or alcohols.
Chlorates, or hypochlorites	" oils, ethers, or tannin.
Chromates or chromic acid	" cork, charcoal, or creasote.
Permanganates	" dry organic substances.
Nitric acid or nitrates	" powdered iron or zinc.
Bromin or bromates	" arsenious acid.
Iodin or iodates	" cyanides.
Silver oxid	" oxalates.
Peroxids (dioxids)	" ferrous, mercurous, or stannous salts.

(Materia Medica, Pharmacy, and Therapeutics, Potter, 1901).

Differential Diagnosis in Abdominal Enlargement.

Ascites.	Ovarian Tumor.	Pregnancy.	Distended Bladder.
Frequently associated with heart or kidney disease.	Heart and kidneys normal.	Heart and kidneys normal.	Heart normal; urin supprest.
Navel often protrudes; caput medusae present.	Same as ascites.	Abdominal veins enlarged.	Abdominal veins normal.
Percussion gives dulness, more mark in flanks or lower abdominal region where the fluid gravitates. Movable dulness.	Percussion gives dulness rather high up and immovable.	Same as ovarian tumor. Suppression of menses.	Dulness immovable. Catheter confirms diagnosis.
Tumor develops from below and extends upwards.	Tumor extends to the right or left from the median line.	Tumor develops in the area of the uterus.	Tumor develops in the area of the bladder.

Differential Diagnosis of Hepatic Diseases.

Abscess of Liver.	Biliary Calculi.	Cancer.	Malarial Fever.
History of traumatism, malaria or dysentery.	History of hepatic colic and transient jaundice.	Often inherited tendency.	History negative.
Pain in region of the right hypochondriac locality or of the right scapula.	Same as abscess.	Same as abscess.	Pain slight or absent.
Intermittent, irregular, high fever, with sweat and chills not controlled by quinin.	Temperature normal or subnormal.	Same as abscess.	Temperature is controlled by quinin.
Jaundice slight.	Jaundice intense.	Jaundice.	No jaundice.
Bulging in right hypochondrium.	Negative.	Negative.	Negative.
Liver enlarged and smooth; occasionally edema and fluctuation in right hypochondrium.	Liver slightly decreased in size.	Liver enlarged and nodular.	Liver may be slightly enlarged and smooth.
Percussion confirms palpation.	Same.	Increase area of dulness.	Percussion confirms palpation.
Aspiration detects pus.	Negative.	Negative.	Negative; plasmodium in blood confirms diagnosis.

Differential Diagnosis of Biliary Calculi, Gastralgia, Intestinal Colic and Renal Colic.

Biliary Calculi.	Gastralgia.	Intestinal Colic.	Renal Colic.
Usually in women after the age of thirty.	Adult life.	Age has no influence.	Adult life more frequently.
History of former attacks of hepatic colic, transient jaundice, often of intermittent fever.	No jaundice or intermittent fever.	No jaundice or intermittent fever.	No jaundice or intermittent fever.
Pain in right hypochondriac or epigastric region.	Pain in epigastric region relieved by pressure.	Pain in umbilical region.	Pain in right or left lumbar or inguinal region, radiating toward penis and causing retraction of testicle.
Urin dark amber color, and contains bile; feces may contain gall stone.	Subsequent to attack there is copious secretion of clear urin.	Urin normal.	Urin often contains blood.

—Gould and Pyle—Encyclopedia of Medicine.

Differential Diagnosis of Pyelitis, Nephritis and Cystitis.

Pyelitis.	Nephritis.	Cystitis.
History of case.	Increase micturition; sweat and chills rare.	Micturition accompanied by tenesmus; often burning pain.
No tube casts.	Albumin and various kinds of casts.	No tube casts.
Pus in urin.	Pus rarely found.	Often blood at end of micturition.
Dropsy rare.	Dropsy common; urea diminished.	Never find dropsy.

Gastric Indigestion.

“Hydrochloric acid administered during the period of gastric digestion disappears very rapidly from the stomach, and it should always be given in combination with pepsin. Both pepsin and hydrochloric acid are necessary for the peptonization of albumen, and the acid and ferment are best administered proportionately. The acid-pepsin combination should be given only when the secretion is deficient and during the period of gastric digestion. The time of administration and the dose should be regulated by the functional signs and by the quantity and quality of the diet. The greater the quantity of albumen in the meal, the larger should be the doses, and the sooner should their administration begin. If the meal consists largely of non-nitrogenous food, the smaller should be the doses, and the later should they be given. The supply thus meets the physiological demand, and an opportunity is given for salivary digestion. The best results are obtained by repeated doses during the period of gastric digestion. This period has no fixed

length, but varies with the character of the meal. After a light meal that remains in the stomach about three hours, two doses will usually suffice—half an hour and an hour after eating. After the chief meal one or two more doses may be given, an hour apart.” (Diseases of the stomach; Van-Valzah-Nisbet.)

Criminal Abortion.

There has been no time within the known history of the human race when women have not sought to avoid maternity. The induction of abortion as a means of limiting reproduction was known and practised by the Egyptians, the Greeks, and the Romans. Altho certain social theorists have enunciated the principle of justifiable feticide, it remains an unproved assumption that the practise is more prevalent to-day than in former times. That it is prevalent to day, however, there is no means of denying; nor can the deleterious results of the practise upon the reproductive organs of the woman be ignored. Infections induced in this way, when not

fatal, almost always destroy fecundity and render relief by surgical means imperative. (Text-Book of Gynecology, Reed, 1901, D. Appleton & Co., New York.)

Impetigo Contagiosa.

One of the commonest of the transmissible diseases of the skin is that designated as contagious impetigo. This affection is attracting more and more the attention of the general practitioner because of its increasing frequency. It is extremely common in schools and in institutions for children, where it often becomes rapidly disseminated. The disease appears to be greatly

ally regarded as constituting a disease *per se*. Impetigo contagiosa is characterized by the occurrence of pin-head to pea or finger-nail sized, rounded vesicles or blebs which tend rapidly to pustulation. These are extremely thin walled, superficial and flat. The contained fluid is at first a clear serum, but in twelve to twenty-four hours it becomes turbid and finally frankly puriform, drying into ochre yellow or brownish friable crusts. These crusts being surrounded by little or no areola have the appearance described by Fox, of being "stuck on." The eruption is essentially discrete, altho at times a coalescence of



Fig. 1.—Impetigo contagiosa, showing crescentic crusting.

on the increase. The statistics of the American Dermatological Association from 1878 to 1887 showed this disease to constitute but 2 per cent. of all cutaneous affections. Since this time impetigo has become one of the most frequently encountered skin diseases in dispensary practise. During the past year at the Philadelphia Polyclinic, out of 1,100 cases treated 10 per cent. were impetigo contagiosa.

The word "impetigo" means pustule, and the term was used in the early part of last century to denote all pustular affections. In 1862, Tilbury Fox, of London, restricted its use to certain cutaneous manifestations which are now pretty gener-

ally regarded as constituting a disease *per se*. Still the discreteness of the eruption is one of the most characteristic features. Sometimes the borders of the crust curl up, whilst the dried center is depressed, giving the crust an umbilicated appearance. Beneath the crust is a superficial erosion which soon heals over, and upon the shedding of the former a reddish stain is left, which fades in the course of a few days.

The exposed surfaces, namely, the face, neck and hands, are the most common regions affected. A common complication in children is a paronychia which results from contact of the digits with the facial lesions. The mucous membranes are in

nearly all cases exempted ; however, they may in rare cases be invaded. The eruption may consist of but a few lesions, or they may be extremely numerous. When the eruption is profuse, there may be slight rise of temperature. The disease is far more common in children, and particularly those under ten years of age. Within recent years, however, adult cases have been greatly on the increase. It is not unusual for several members of the same family to simultaneously present evidences of the disease. The above description applies to the form of impetigo ordinarily encountered. There are some less usual types that at times come under

crusting. Some cases of impetigo are characterized by the development of blebs which may vary in size from a bean to a cherry. Blebs may occur interspersed here and there in ordinary cases, such as is seen in Fig. 2, or the entire eruption may be bullous in character. According to Engman, of St. Louis, bullous impetigo is extremely common among infants in that city during the summer months. He has observed and recorded several epidemics occurring in institutions for infants. The disease selects the progeny of the poor and those improperly nourished. When the lesions are extensive and deep and the infants young, death may result from septic



Fig. 2.—Impetigo contagiosa, showing some bullous lesions.

observation, to which profitable reference might be made. Occasionally it is noticed that after the crusting of a lesion, the surrounding skin shows an undermining of the epidermis by a turbid secretion. This spreads peripherally until a patch the size of a five-cent piece or a quarter dollar is reached. With peripheral extension there occurs, *pari passu*, central healing, so that with the dropping out of the central crust an annular or circinate patch is left. At times the ring is incomplete, producing a crescentic patch, such as is seen in Fig. 1. Again in rare cases, the patches may spread to an enormous size, leading to the development of gyrate and serpiginous

absorption. The epidemic is dispelled by the first cold wave.

It is generally conceded that impetigo may be transmitted from one individual to another by direct contact or thru the mediation of certain articles. Moreover, it may be transferred in the same individual from one part of the body to another. In other words, this affection is both contagious and autoinoculable. It is further generally recognized that the disease is due to the invasion of the skin by the common pyogenic cocci or organisms morphologically indistinguishable from them. There is, however, considerable difference of opinion as to whether the offending

agent is the *Staphylococcus aureus* or the *Streptococcus pyogenes*. The staphylococci are nearly always present in the fluid of the vesicles, but recent investigations point out that they may develop secondary to the streptococci. Clinically, one fact is obvious, namely, that the mere presence of staphylococci upon the skin does not suffice to produce impetigo, for they are to be found normally in the integument. Furthermore, all forms of pus (altho practically always containing staphylococci) are

the wealthy classes. Consequently it is a disease much more frequently seen in dispensary practise than in one's private clientèle. The affection is commonly observed as a complication of pediculosis of the scalp, the itching leading to scratching and the latter to pyogenic infection. Purulent discharges from the nose, eyes, or ears may give rise to the disease. Impetigo is common in infants during the summer months, when it occurs as a complication of prickly heat, with furuncul-



Fig. 3.—Impetigo contagiosa, secondary to vaccination.

not capable of determining an impetigo. Either the staphylococci are not the specific cause of impetigo, or they require a heightened virulence to enable them to produce the disease.

It is possible that the soil itself may play some rôle in the production of the disease. In furuncles this is admittedly the case, and boils represent merely a deeper pyogenic infection. Impetigo is far more common in the poor than among

the wealthy classes. Occasionally, impetigo is engrafted upon the vaccine wound (Fig. 3) and multiplicity of lesions may lead to a suspicion of generalized vaccinia. The bearded portion of the face (Fig. 4) is commonly affected when the disease occurs in men. This region is frequently abraded in the process of shaving and offers easy ingress to micro-organisms. The focus of dissemination in many epidemics is traceable, to certain barber-shops,

and in such cases it is usually found that the care of the instruments employed is defective. The disease, however, even under such circumstances, should not be termed "barber's itch," for this name is reserved to designate an infection of the beard due to invasion of the follicles by the fungus of ringworm. Impetigo is far more superficial, begins as vesicles, tends rapidly to form crusts, and is much more quickly amenable to treatment than ringworm of the beard (*tinea sycosis*).

The circinate variety of impetigo is apt to be confounded with ringworm of the

less deserve to be included as examples of bullous impetigo.

Treatment.—Mild cases of impetigo frequently undergo spontaneous cure in ten days or two weeks. Other cases tend to run on indefinitely. The treatment is simple and effective. It is important before applying any medicament to the skin to remove the crusts, for it is manifestly impossible to bring the application in contact with micro-organisms which are securely protected by an overlying and impenetrable crust. The crusts are detached by washing with soap and water,



Fig. 4.—Impetigo contagiosa in adult, showing lesions in the bearded regions.

skin (*tinea circinata*). The bulky crusts, the more rapid spread, the presence of other pea-sized lesions and the absence of the ringworm fungus will decide in favor of impetigo. When the lesions of impetigo coalesce and form large patches (Fig. 5) it may be a matter of great difficulty to exclude the diagnosis of pustular eczema. In the latter, there is itching, infiltration, more persistent discharge, more crusting, absence of outlying lesions, and longer duration.

Many cases of pemphigus of the newborn and acute epidemic pemphigus doubt-

after previously softening with oil or petrolatum. Mild antiseptic remedies are now applied to the skin. It is desirable to rid the patient, particularly when an adult, of this conspicuous and disfiguring affection with the greatest possible expedition. One of the best methods is to frequently apply during the day the following lotion :

℞
Hydrargyri bichloridi gr. j
Glycerini fʒj
Spts. vini recti fʒj
Aquae q.s., a.d. fʒiv

and to supplement this with the nightly application of some such ointment as

R

Hydrargyri ammoniati.....gr. x-xv
 Pulv. amyli
 Pulv. zinci oxidi āā 3ij
 Petrolati 3ss

Sometimes lesions upon the face will

It is highly important to caution patients against "fingering" the lesions, for by this means healthy areas of the skin are inoculated. It is also desirable to avoid pillow infection at night by covering the affected parts, when possible, with a



Fig. 5.—Well-marked case impetigo showing discrete and confinement lesions.

[We are under obligations to Messrs. E. B. Treat & Co., of New York, publishers of the International Medical Magazine, for the use of the cuts in this article.]

yield more quickly to an ointment made up of

R

Resorcini gr. xv
 Lanolini
 Petrolati āā 3ss

or to a lotion of resorcin :

R

Resorcini gr. xl
 Acidi borici gr. xl
 Glycerini f3j
 Alcoholis f3ss
 Aquae q.s., a.d. f3iv

When the patches are upon covered surfaces they may be painted twice a day with a 10 to 20 gr. solution of nitrate of silver.

bandage.—Dr. Jay F. Schamberg (Professor Skin Diseases Philadelphia Polyclinic), in International Medical Magazine.

Municipalized Milk.

The experiment of the St. Helens Corporation in supplying to the poor of the town sterilized humanized milk for infants has attracted considerable attention. As the departure was only inaugurated in August, 1899, it is a little premature, says the Hospital, to judge results at the present time. The charge made for the milk is twopence per day's supply, and is payable in advance. Within three weeks of starting, the municipal depot was feeding eighty children daily, and by the end of the year there were 120 children on the books. The effect on the infant mortality and diarrhea rate has been marked.—The Therapist.

Removal of Powder Stains with Hydrogen Dioxid.

I wish to add a case confirming Dr. J. Neely Rhoad's method of removing powder stains with hydrogen dioxid. A few days after reading his note in your first issue a boy came into the office with severe powder burn of whole face and neck. We cleaned him up thoroly and removed several grains of powder from each eye, but the face was black with stains and imbedded particles of powder. I sent him to City Hospital on account of the injury to the eyes, and ordered the face to be kept covered with pieces of lint saturated with glycerin, one part, and hydrogen dioxid, three parts. A couple of days saw the complete removal of all the particles and stains, without any of the tedious and painful picking process we are accustomed to; and all marks promptly healed.—Colin R. Clark, M.D., of Youngstown, Ohio, in American Medicin.

The Acid and the Alkaline Diathesis.

Quite a number of years have elapsed since the late Dr. Paul Gibier first enunciated and published his views upon the influence, in pathology, of a prevalence of the alkaline or of the acid temperaments and dispositions. His views have been slowly and gradually accepted by many. More than this, we believe that a study of the literature of the last few years will show that, to a considerable extent, these views have been independently evolved in many minds. From a chemical standpoint, there can be no doubt that all men may be divided into three classes, to wit, the acid, the alkaline, and the neutral. The two first comprise the majority of the sick, whose body fluids appear to contain an excess of acids, as in the rheumatic and the gouty, or an excess of alkali, as in the strumous and tubercular. The neutral, or those in whom there is a fair and proper balance between acidity and alkalinity, are apt to be the healthy people. The importance of the acceptance of this simple view lies in the fact that it must emphasize in our minds the value of the dietetic treatment of disease, to the end that, by the adoption of appropriate foods and modes of living, we may be able to combat a predisposition to excess in either direction, in order to maintain that neutrality which alone seems compatible with prolonged good health. We know, for instance, that the bacillus of tuberculosis cannot be grown in an acid medium, and we are obliged to prepare an alkaline pabulum for it before we can obtain a culture. We also know that tuberculosis is quite rare in individuals who give a history

of rheumatism, or of any of the so-called acid diseases. Hence, we must realize that a properly worked out dietary, in many diseases, is of greater importance than medicinal treatment, since diet is our only reliable means of influencing the quality of the body-fluids.—International Jour. of Surg.

X-Ray in Diagnosis.

To read some articles one would suppose that with the X-ray apparatus it is possible to make any sort of diagnosis. If a dislocation is suspected, if a broken bone is in dispute, all you have to do is to turn on the X-rays and there you have it plain as day; that we can take the X-rays and go thru the human anatomy the same as we could take a lantern and examine a dark room. This would all be very interesting if it were only true. The revelations of the X-rays up to date have been very ambiguous. We are proposing to quote something along this line to see what other people think. We will quote only such men as are considered to be authority on this particular subject.

Rudolph Matas says: "It is my opinion, based upon personal experience, that the practitioner can not be held liable to damages in malpractice suits simply on the X-ray evidence of imperfect union of fragments in case of fracture."

Chas. A. Powers says: "In my hands the employment of the X-ray has not been of especial value in establishing a positive diagnosis of fracture or dislocation. I have thus far found it of no value in diagnosis of fracture of the neck of the femur or of dislocation of the femur."

L. M. Tiffany says: "Examination under anesthesia has given me as accurate knowledge of most injuries as I could obtain by the X-ray."

Dr. Williams, of Macon, says the X-ray is "not an infallible aid." "Three times during the past year Dr. Williams had been misled by the X-ray photography, twice into performing useless operations for lesions supposed to be dependent upon apparent bone injury, and in one case a supposed tumor."

Dr. Samuel Lloyd, of New York, says: "I believe the use of the X-ray in medico legal work without careful preparation for that work on the part of the surgeon would do great harm."

Dr. B. Lacey, of Council Bluffs, Ia., says: "It seems to be an accepted fact

that the X-ray can easily be made to distort or exaggerate in case of a foreign body or displaced fragments in fracture. Personally, I dread the oncoming of the X-rays in these cases unless the future should develop greater accuracy."

Dr. J. Hodges, of Anderson, Ind., says: "That there are undoubtedly cases on record in which the X-ray seems to show a fracture when it does not exist."

Dr. E. A. Tracy says: "That harm is threatened in the field of medical jurisprudence by the use of the X-ray picture. To admit them as evidence in courts will result in injustice because they can so easily lead to error." "He again says: "From practical work with X-rays I learned their fallacies more than two years ago and hasten to bring the matter to the attention of the profession."

And so we might go on quoting physician after physician as to the danger of accepting X-ray evidence. The same thing has happened to the X-ray mode of diagnosis that happens to almost every new discovery, especially in medicine and surgery, namely, a great deal of furious enthusiastic hobby riding at first. After all this foolishness has subsided, it sometimes happens that a grain of truth remains. Undoubtedly, the X-ray instrument will yield some good results in the future, but up to date it has done far more damage than good.—Med. Talk.

For Sweating Feet.

Gerdeck has recently given a synopsis of the results he obtained with formalin in the treatment of excessiv sweating of the feet (*La Presse Medical*, No. 59, 1900). Some of the cases were so severe as to hinder the patient from walking and others so offensiv as to be a source of constant annoyance. The use of the drug in vaporized form gave no results, and the powdered drug was of service only as a dusting powder for the inside of the stockings; it was used in the strength of 20 to 100. The best results were obtained by painting the feet with the concentrated solution (40 per cent.) morning, noon and night. A solution of 3 to 100 controlled the odor, but a solution of 5 to 100 was required. Weaker solutions acted nicely but required a much longer time. Only a few paintings are required for a perfect cure. The strong solution must be used lightly, on account of its destructiv action upon the tender and abraded skin;

one application followed by the 5 to 100 solution for three or four times sufficed for a cure. There was slight recurrence after three months in a few of the cases, but it again readily yielded to the applications. The men upon whom the test were made were soldiers who had not before been able to march. After the treatment they stood long marches well, even when wearing the same stockings for two weeks at a time. Shoes are easily disinfected by dropping a few drops of the 40 per cent. solution into them.—*Therapeutic Gazette*.

Laryngeal Phthisis.

As a stimulating inhalation in laryngeal phthisis, Lake commends the following:

Pin. sylvestris minims xl
Gaultheriae minims v
Mag. carb. comp. q. s.
Trituate and add.
Aquae q. s. ad. one ounce.

One dram is added to water at 140° F., and the steam is inhaled for ten minutes. The patient should not leave the room for half an hour after the inhalation. If a sedativ inhalation be indicated, he advises the use of:

Chloroform 1 dram
Tr. benzoin comp. ad. 1 ounce

If an insufflation be required, he uses:

Iodoform 4 grains
Morphin acetate ½ grain
Bismuth subnitrate 2 grains

French Methods to Increase Birth-rate.

The proposed tax on bachelors and old maids and upon childless couples in France will, if carried out, be an interesting experiment. If it succeeds in arresting the decrease of the birth-rate it will show the possibility of the more economic method. In any case it is the pecuniary consideration that is involved; if the thrifty French peasant, who under the bounties for children is a regular proletarian in Canada, can be made such in France by the reversed inducements by fines, the problem is solved. The question is essentially an economic one, but it has some medical interest also, and the experiment if tried will be worth watching.—*Journal American Medical Association*.

To Render Cod Liver Oil Palatable.

Gautrelet states (*Pharm. Centralhalle*) that a ferruginous water prepared by keeping a few bits of iron in contact with water for a few days serves to fully prevent the odor and taste of cod liver oil from being noticed. The mouth is to be rinsed with the water both before and after taking the oil.—*Drug Circ.* by Google

FOR FACIAL ERYSIPELAS.

Guaiacol cryst.....	1	(gr. xv.)
Menthol	1	(gr. xv.)
Ol. camphorat.....	30	(fl oz. j)

M. Sig.—External use. Apply frequently on absorbent cotton to inflamed area; retain with light bandage.—Desesquelle in Rev. gen. d. Therapie.

FOR AMENORRHEA.

Strychninae sulfat	13	(gr. ij.)
Acidi oxalici	60	(gr. ix.)
Ferri peptonat.,		
Manganesii lactat .. aa	8	(dr. ij)
Ext. colocynth. comp....	2	(gr. xxx.)

M. ft. cachets No. 60. S.—One after each meal.—H. C. Bloom.

Humanology, or Higher Physiology.

As a duty to society to check the rapid increase of defective human beings, I present this subject for your sincere consideration and deliberation.

In reviewing the statistics presented to us from time to time it is with shame and remorse to record that during the past fifty years crime has been on the increase, even out of all proportion to the increase in population. The statistics give us five times as many prisoners to each 1,000,000 of population as there existed fifty years ago.

Several different theories have been advocated to prevent or limit the propagation of this class of individuals.

Dr. W. Duncan McKim in his book entitled "Heredity and Human Progress" advocates the killing of criminals, idiots, degenerates, inebriates and other defective persons.

Dr. King believes that the castration of criminals will accomplish more good than the death penalty.

Dr. Orpheus Everts read an article before the Cincinnati Academy of Medicine, February, 1888, on the "Asexualization as a Penalty for Crime." He proposed the removal of the testicles or ovaries of criminals in general, as it would prevent the begetting of children who would be liable to inherit the same evil inclinations of their parents.

The late Prof. Agnew is credited in this country with the proposition to castrate men convicted of rape.

As an act of vengeance the priest Abelard was castrated for having seduced the famous Heloise. But protection and prevention should be our motto instead of vengeance.

Legislation has already given attention to the marriage question. Several states require a marriage license, but in every one except North Dakota any inhabitant can secure a license to marry regardless of physical, mental or moral condition. The syphilitic, tuberculous, gonorrheal, epileptic, imbecile, criminal, and degenerate, can appear before the license court and receive unchallenged permission to legally procreate their tainted species, who often become a burden to society, and in some instances a danger to the community.

The intelligent mind appeals for a more restricted legislation, demanding a sound mind in a healthy body, as a prerequisite to marriage.

The senate of North Dakota recently passed the "Creel Bill," which provides for a commission of three physicians in each county for the examination of all applicants for a marriage license.

Texas prohibits the marriage of the epileptic.

It has been decided by the Paris Court of Appeals that the fact of marrying while suffering from any venereal disease, is sufficient evidence alone on which a divorce can be granted.

A bill is now pending before the German Reichstag granting heavy penalties for the transmission of any venereal disease in any form or manner.

We, the medical profession, should be the first to realize the enormity of this rapidly growing evil against humanity, and it is our duty to make an effort to improve and protect the race by educating the future parents, in order that they may be able to produce offspring equal to or superior to themselves. But nevertheless until we are prepared to give the proper state of education to young people on this subject, suitable restriction against the marriage of those suffering from venereal or constitutional diseases would be beneficial, and at the same time would materially pave the way for a proper education along this line, as well as remove much of the false modesty that exists at the present time.

Young people who have been properly instructed upon this subject will not desire to bring into existence children who would have a serious hereditary taint or be mentally defective. By the proper education of the masses, ignorance and false social beliefs would be replaced by sound truths; the criminal, the mental

and physical degenerate, and the diseased against whom we can scarcely legislate, could not marry, because they could find none who would be willing to accept the responsibility.

Pope has said, "The proper study of mankind is man." But what a small portion of our time is devoted to the study of man. Physiology has been taught in our public schools during the past few years, but the portion of it that is being taught is very insignificant. It teaches the number of bones in the human body, describes the circulation of the blood, the digestion of food, with its mode of receiving and elimination, also the secretory, and excretory organs, with their peculiar functions, are described. Are we any the better for this? It does not elevate mankind one degree, even, if he understands his structure, but does not know how to improve it. The agriculturist, the stock-breeder, and the bird-fancier, each knows the best methods to improve his respective pursuit. Man, the highest species on the earth, is permitted to propagate his kind ignorantly.

Prisons, reformatories and asylums have been constructed on the most scientific plans to meet each class of individuals. But still we hear the demand for more room, more money and more willing hands to care for these unfortunates.

For the protection of our country, for the good of society and for the enjoyment of the home, it is our moral and christian duty as physicians to instruct the young people upon questions pertaining to the production of offspring, so they may improve the race and not retrograde it.

The best opportunity of moulding character is previous to the birth of the child. "It is easier to melt molten than to file cold cast iron."

The esthetic Greeks believed so strongly in maternal impressions that they not only guarded their pregnant women with the kindest care, but their apartments were beautifully decorated with pictures, images and statues, in order that the mother's mind might produce favorable and elevating influences on the forming brain and body. This custom was enforced by a law called the "Lycurgus Law."

A similar custom was observed among the Spartans. The women exercised in gymnasiums in order to attain the highest bodily vigor preparatory to the exercise of maternity. The great physical beauty

of the people is recorded in poetry, song and history.

Dr. Oliver Wendell Holmes once said that he believed any disease could be eradicated, but in his wonted humor he added, "There are cases in which the physician should be called at least two hundred years in advance." No one has a better opportunity of observing this declaration than physicians.

Children, as a rule, are born without a thought of duty to them previous to birth, when in reality the greatest opportunity of moulding character has past. Why do not the children exactly resemble their parents, as we find it in the animal kingdom? Because there are constant changes in mental impressions and varied conditions of environment.

Sound and unquestionable proofs can be given where strong, degrading mental impressions upon the mother produced deformities in either body or mind. An excellent illustration occurred during the famous siege of Paris, in 1870, when a drunken, marauding, rabble invested the streets. M. LeGrand Soulle afterwards had the opportunity of examining ninety-four children who were begotten at that time by excited and demonstrating parents. Of this number sixty-four were defective in mind or body, thirty-five were malformed and twenty-nine imbeciles.

Burns stands in the front rank as a poet, his muse selected ordinary subjects to sing about, and such as would have tempted no other poet save himself. His genius is attributed to his mother, who previous to his birth sang old songs and ballads continually as she performed her household duties.

The mother of Lord Macaulay, the great historian and essayist, was very fond of literature of the highest class. She was a subscriber and reader of such weighty magazines as the "Edinburgh Review" and "Quarterly Review."

Mrs. Mozart, the mother of Wolfgang, during the earlier part of her married life devoted much of her time to music, which later in life became distasteful to her. As a result Wolfgang had been endowed with a musical talent, while his two younger brothers possess none. Owing to the limited time assigned me a few illustrations must suffice to demonstrate my theory, that the active power of the mother becomes the native power of the child.

If the parents are afflicted with some constitutional disease as tuberculosis or syphilis we expect the child to inherit it; so if the parent's mind is corrupt how can we expect the child's brain to be pure.

Dr. Holmes said: "Society finds that it is easier to hang a troublesome fellow, consign a soul to perdition, or save it by saying masses, than to blame itself or to make the proper effort for improvement."

We exercise great care in the education of the young of both sexes for the different vocations, in order to obtain the sustenances of life and for the accumulation of wealth. But we sadly neglect to instruct them in humanology, the most vital of all subjects.

The question now arises. "How shall we educate the child to understand the sacredness of the sexual relations?" Teach it the same as biology, zoology or any kindred subject. It is not necessary to tell a child the whole truth, and nothing but the truth, but let all that you tell be true. A child will be satisfied with words he does not understand. Sex is one of the most universal characters of living matter, and is taught in all its purity in botany. So is it in zoology. The child sees nothing impure in watching the development of the chick. Later the development of the fetus, including the sexual organs, can be taught with as much ease and purity. We can educate young men and women in such matters without injuring them, mentally or physically, but I assure you they will possess better morals. Moral education will do more good than legislation. It will protect them, especially the youth, from the glaring advertisements which are seen even in our religious journals, of the quack specialists, who grows rich upon the savings and fears of his ignorant victims.

Marriage should be considered a practical institution for the perpetuation of the noblest and best of mankind, as well as the union of two for mutual help and happiness.—Dr. E. N. Ritter, of Williamsport, Pa., before the Penna. Med. Soc.

Normal Intestinal Bacteria.

The influence which the bacteria present in the normal intestine exerts upon the functions of that organ has not been studied to any marked degree. Roos (Muenchener Medicinische Wochenschrift, October 23, 1900) has conducted a series of experiments upon himself and seven

other physicians in order to estimate how great such influence is. Cultures of the bacillus coli communis taken from healthy individuals were ingested. After the second day, three had soft natural stools, for the first time in ten years in one case. In two of the others, one was unaffected, and the other had diarrhea. The effect of this bacterio-therapy continued for 14 days after the administration ceased, and then gradually past away. Experiments with dead bacteria were negativ. Yeast was also used by the same experimenter. In only four out of twenty cases were the results negativ. In all the others the stools became soft, regular and more frequent. Yeast, killed by heat, was also used with like results. The effect persisted for weeks after the discontinuance of the remedy. The medicament was given in capsules coated with collodion and afterwards with keratin, so as to be unaffected by the gastric juice.

Action of Large Doses of Quinin in Reducing Temperature.

The action of single large doses of quinin in high temperatures has been studied by William Sykes (British Medical Journal of November 3, 1900,) with the following conclusions: The temperature was closely watched from the ingestion of the drug and for three hours afterwards. It was found that the quinin was rapidly absorbed, and that the temperature began to fall in 49 minutes in the first series of experiments, and in 20 minutes in the second and third series of cases. The size of the dose did not seem to affect its rapidity of absorption. The doses used were 20, 40, and 20 grains respectively, in each series. He is not certain as to the cause of the results, but offers two theories: (1) the destruction of pathogenic bacteria, which is improbable since the fever returned in time; (2) neutralization of their resulting toxins, which is also improbable. There are two remaining methods by which the drug may act: (1) on the heat centers, (2) on the sweat centers. If it was by affecting the heat centers, the proportional decrease of temperature after the exhibition of the drug would not be so irregular and the speed would not be affected by the size of the dose. If the drug acted on the nerve centers, it might give an immediate and regular effect, which we would expect to agree in rapidity with the amount of the drug ingested. If, however, we consider

the theory of action on the sweat centers as more plausible, an explanation of many of the difficulties is furnished. Defervescence by diaphoresis depends on the sweating itself, and not by drug action; hence it is plain that the size of the dose administered would have no result on the speed of defervescence, provided sufficient were taken to produce perspiration. As slight movements in bed which would permit of chilling of the surface would temporarily stop the sweating, stationary periods and retrogressive intervals would be explained. All the antipyretic groups possess the action of producing profuse perspiration in the reduction of temperature. Perhaps the same effect is caused by the toxins of the tubercle bacilli in the night sweats of phthisis, which are followed, as was the defervescence produced by the quinin, by a normal or a subnormal temperature.

Massage as an Occupation for the Blind.

A few months ago Bennet of New York recommended that the blind adopt massage as an occupation. He pointed out that not more than eight per cent. of the blind are self-supporting. Further arguments that may be advanced in favor of this movement are that the blind are especially adept in anything involving the tactile sense; they will be in demand by patients who hesitate to be exposed to the gaze of a masseur; their fees will be small and therefore massage will come more into general favor, and, lastly, the blind will find this occupation a means of affording them healthful exercise.

The odor of iodoform may be removed from the hands by washing with weak solution of tannic acid; by rubbing freely with chloroform; or by bathing them in vinegar; or by ablutions in flaxseed meal water.

Book Reviews.

Nursing Ethics. By Isabel Hampton Robb, late Superintendent of Nurses and Principal of the Training School for Nurses, Johns Hopkins Hospital, Baltimore, etc., etc. Published by J. B. Savage, 92 Wood street, Cleveland, O.

This is a neat, cloth-bound volume of 273 pages. It is to nurses about what Dr. Cathell's well-known book, "The Physician Himself," is to doctors. Comparatively little space is given to the ethical relations of nurses to each other, tho that side of the subject is covered amply. The book is devoted to what the nurse should

be, and how to do her full duty both to herself and others in pursuing her profession. The nurse who is guided by this book will certainly be a model. Physicians could well afford to buy several copies of this book and circulate them among their nurses. It is surprising to realize that the first nurses' training school in this country was established as late as 1873! Before that recent date trained nurses in our hospitals were unknown, and private nursing did not come till some years after that. "The nurse's work is a ministry; it should represent a consecrated service." (Page 38.) This book is not a guide to nursing. That subject is treated in another book by the same author. This book fills a place all its own, and fills it well.

Womanly Beauty of Form and Feature. By 20 physicians and specialists, edited by Albert Turner, publisher of Health Culture. A cloth-bound book of 256 pages, poorly printed on good paper. Published by The Health-Culture Co., 481 Fifth Ave., New York. Price \$1.

This book does not advocate beauty of the namby-pamby sort, consisting of cosmetics and fashionable adornment. It urges that all such folly be discarded; that Nature is the only dispenser of beauty worth having. Health is the basis of all beauty. This book might be called a health book as well as a beauty book. Full directions are given for calisthenics, local massage, etc., for the development of various parts of the body, how to fill out "scrawny" figures, how to reduce excessiv flesh, etc. The kind of beauty attained by following the directions given in this book is not the transient, evanescent kind, but beauty with good, solid health and development behind it. Physicians might well present this book to troublesome, "whiney" young lady patients.

What a Man of 45 Ought to Know. By Sylvanus Stall, D.D. Vir Publishing Co., 1134 Real Estate Trust Building, Philadelphia, 284 pp. Price \$1.00.

A man who is a fool at 45 (and there are many of them) is pretty hard to manage. There are certain things, which he ought to know without being told, but it is difficult to teach him these things. He needs reasoning with and plain talking to. This book does it in a healthy, elevating manner. These cases are often very troublesome to the physician. It would be well to have this book handy to lend to such patients. This course will help the physician to manage his patient, and help the patient. This book will do much good. There has been a need for just such a book.

Principles of Surgery. By N. Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating Staff with the Army in the field during the Spanish-American War. Third edition. Thoroughly revised with 280 wood engravings, half tones and colored illustrations. Royal octavo. Pages, xiv-700. Extra Cloth, \$4.50, net; sheep or half Russia, \$5.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

The text in this edition is thoroly revised and many changes are noted. Two new chapters are

added: "Degeneration" and "Blastomycetic Dermatitis." There are many new and valuable original illustrations included. He spends no time or space on references or bibliography, hoping that he has covered the references well enough to preclude the necessity of reference to the original articles. He advises treating limited tubercular ascites by tapping, followed by injection of four drams of 10 per cent. emulsion of iodoform in glycerin, together with the internal use of guaiacol. He has cured four cases thus. A number of exceptionally good x-ray plates appear. No space is wasted on anatomy; but the author makes sure that his student will be well grounded in bacteriology, histology, and pathology. The writer's experience in the Spanish-American war has tinged his utterances. The chapter on "Hydrophobia" is excellent. Senn writes as well as he operates. It is not possible to mention even the good articles, to say nothing of the special thoughts and suggestions. We can only say that there is no better book on the principles of surgery for the student or general practitioner.—A. L. R.

A Text Book of Gynecology. Edited by Charles A. L. Reed, A. M., M.D., President of the American Medical Association (1900-1901); Gynecologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital; Fellow of the American Association of Obstetricians and Gynecologists; Fellow of the British Gynecological Society; Corresponding Member of the National Academy of Medicine of Peru, etc. Illustrated by R. J. Hopkins. Published by D. Appleton & Co., New York, N. Y., 1901. Price, \$5.00.

In mechanical and artistic execution, this book has no peer. It is certain to take a place in the front rank of text books upon this subject as soon as it reaches the market. We cannot find a useless illustration, and every cut is valuable in elucidating the text or the method of operating. The contributors are men of skill, experience, and reputation; and the editing has been well done. The fifty pages devoted to the rectum would be worth the cost of the book to the general practitioner who must meet and treat such conditions. It is rarely we find a book of value to both specialist and general practitioner; we have it here. The suggestions and recommendations for emergencies when equipment is not obtainable are valuable. The article on Cesarean section is intensely interesting from a literary, historical, and practical standpoint. The few colored illustrations are not so perfect as those in black and white. It contains 866 pages, with a good index. Every physician who has no late work on gynecology should purchase this book. We can find no material flaw in it.—A. L. R.

The Technic of Surgical Gynecology. By Prof. A. H. Goelst, Professor of Gynecology in the New York School of Clinical Medicine; Consulting Professor in Gynecological Electro-Therapeutics, International School of Correspondence, Scranton, Pa.; Fellow of the New York Academy of Medicine, and of the New York Obstetrical Society; Member of the American Medical Association, New York County Medical Association; Fellow of the Societe Francaise d'Electro-Therapie, etc. 840 pages. 150 original drawings. Bound in cloth. Printed in white leaf. International Journal of Surgery Co., New York, 1901. Price, \$2.00.

The author has not attempted to call his book one thing and then give a synopsis of surgery and medicine; he knows what he wants to say,

and says it in few and well chosen words. The book is practical and no space is devoted to theory. Considerable attention is given to the preparation of a case for operation, and for the after management, and it is this feature which will interest the general practitioner. There is much valuable matter here which is not found in the text books devoted to gynecology in general. It will of course be chiefly interesting to those who wish to master gynecological technic for special operative purposes, but every general practitioner needs such knowledge, and cannot get it better than here.—A. L. R.

Memoranda of Poisons. By Thomas Hawkes Tanner, M.D., F.L.S. Eighth revised edition, by Henry Leffmann, A.M., M.D., Professor of Chemistry in the Woman's Medical College of Pennsylvania; Professor of Chemistry in the Wagner Free Institute of Science; Pathological Chemist in the Jefferson Medical College; Member Society Public Analysts, etc. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Penn'a, 1901. Price, 75 cents, net.

The book will entertain any physician, but we do not see how it has reached its eighth edition, since it is far from practical for the work of the busy general practitioner. It is of value to the post mortem analyst, but is not arranged for ready reference. The language has a decided English tinge. It must find its market among those who are interested in post mortem and coroner's work, and it will here be found reliable, concise, and up to date. The publisher's work cannot be criticized, but the editor's labors might have been more thorough.—A. L. R.

A Handbook of Materia Medica, Pharmacy, and Therapeutics, including the physiological action of drugs, the special therapeutics of disease, official and practical pharmacy, and minute directions for prescription writing. By Samuel O. L. Potter, A.M., M.D., M.R.C.P., Lond., formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Author of the *Quia Compendis of Materia Medica and Anatomy*; An Index of Comparative Therapeutics; Late Major and Brigade Surgeon of Volunteers, U. S. Army. Eighth edition, revised and enlarged. Published by P. Blakiston's Son & Co., Philadelphia, Pa., 1901. Price, \$5.00, net.

Nine hundred and ten pages. Twenty-two thousand have been sold. One of the most generally useful books we have ever seen. It is really suited to both student and practitioner. The text has been revised and much of it rewritten. The author has incorporated the results of his observation of diseases in the Philippine Islands. Twelve articles in the *Materia Medica* department have been entirely rewritten and thirty-eight new articles have been inserted. This old favorite is more valuable in its eighth new gown than ever before; it is certain that "its shadow will never grow less." We are pleased to see him advise doctors to learn to dispense and to carry the necessary drugs. He notes new poisonous compounds formed by potassium chlorate. The thumb index feature will be appreciated by all busy doctors. He covers the newer drugs well, regardless whether official in any pharmacopeia, so long as they are in regular use. Sulphonal has a page and a half. Antipyrin has nearly four pages, and all its known incompatibles are named. The antitoxins have full mention. An appendix gives the contractions of Latin phrases, with their English equivalents, used in prescription writing.

ing. The formulas of the prominent patent medicines are given. Tables of differential diagnosis are included. We have known successful physicians to have a poorer library than is included in this book. It is a veritable every day, general practitioner's working encyclopedia.—A. L. R.

Medical Hypnosis. A complete system of method, application and use, prepared for the self instruction of the medical profession. By L. W. DeLaurence, Instructor at the School of Hypnotism and Suggestive Therapeutics, Pittsburg. Illustrated. Published by The Henneberry Company, 415 Dearborn St., Chicago, Ill. Price, \$1.50.

The book contains 253 pages, and makes interesting reading. We fear that the doctor who attempts to practise hypnotic suggestion from the perusal of it will be disappointed. It has a sensational cover; the paper and printing are not of the best; and the illustrations seem to have been planned as much to get a good photograph of the author as to give an adequate conception of any plan or method. It is undoubtedly entertaining, but hardly satisfactorily instructive. We can commend it for amusement, but not for business; and we are not certain but that the author will coincide with our views. He includes "newspaper reports," and this is enough to condemn his book before the profession. We believe the author has hypnotic power, and we desire for him better literary ability. Future issues should remedy these objectionable features. We hope he may bring out a work that will be really valuable for every day practical work. As this edition stands, it is worth the price to read it.—A. L. R.

The International Medical Annual. A year book of treatment and practitioner's index. Prepared by a staff of contributors. In its nineteenth year. Published by E. B. Treat & Co., 241-243 West 23d St., New York. Price, \$3.00.

It follows the lines of previous volumes, but is one of the best ever issued. The most famous of the new contributors is Professor Ruata, of the University of Perugia, Italy, who writes on "Tuberculosis." In the department of therapeutics there is a good article on "Toxins and Antitoxins," conjointly prepared by McFarland and Murrell. A valuable article for the country physician is that on "The Extraction of Teeth;" instruments are illustrated, and methods of successful work fully detailed. Part I, on "Therapeutics," takes up ninety-eight pages; Part II, on "New Treatment," occupies the balance of the book. There is an immense amount of matter of value stored within these pages; the type is small, but easily read. It contains more of practical value than many encyclopedias on medicine. It is long past the stage of needing commendation, yet we urge our readers to obtain a copy, since in no other work can such late material be found in such serviceable shape for immediate use. The article on "Massage in Recent Fracture" is particularly interesting. It is pre-eminently the year book for the general practitioner.—A. L. R.

Son & Co., 1012 Walnut St., Philadelphia, Penn'a, 1901. Price, \$3.50.

Printed on super finished paper, superbly illustrated, and containing 314 pages, it might almost be called an edition de luxe. Illustrated in black and white, the cuts are marvels of clearness and accuracy; some have been taken from Kelly. Other physicians, favorably known, who have honorable mention, are Baldy, Penrose, and Gardner. Occasional disappearance, or decrease in size without appreciable cause, or after exploratory incision, is noted. The article on "Development" is unsatisfactory, but contains all that is known in the matter. The chapters on "Secondary Changes" and "The Role of Medicine" are magnificent. Post operative treatment is valuably illustrated. The book is exceptionally profuse in references and bibliography. Despite the abundance of general treatises on "Gynecology," this book will fill a want of all classes of practitioners. It is deserving of hearty acceptance and patronage, for it has the merit.—A. L. R.

Pulmonary Consumption, Pneumonia, and Allied Diseases of the Lungs. By Thomas J. Mays, A.M., M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic; Visiting Physician to Rush Hospital for Consumption. Illustrated. Published by E. B. Treat & Co., 241 and 243 West 23d St., New York, 1901. Price, \$3.00.

Handsomely bound, and printed on good paper. It contains 523 pages and an index. The book will sell well, since the work of Dr. Mays on chest diseases is well known and is appreciated by the profession. While Dr. Mays' theory that pulmonary phthisis is a neurosis, and that the disintegration in the lung is secondary, has not found general acceptance, his views are always accorded due respect. He reiterates his theory thruout the book, and claims that any agent which will undermine the integrity of the nervous system will engender phthisis or other pulmonary disorder. He claims that only those agents which appeal to and act thru the nervous system can benefit nervous phthisis. He calls special attention to the benefit derived from counter irritation by silver nitrate injected hypodermatically over the region of the vagi in the neck. He notes the analogy between all acute pulmonary diseases and a disordered nervous system. Thirty-three pages are devoted to physical diagnosis, twenty-five pages to etiology of pulmonary consumption, and twenty-five pages to specific poisons of the pneumogastric nerves; symptoms, pathology, infection, and therapeutics have all attention. Pleurisy, pneumonia, and bronchitis have one hundred and ten pages. The cuts are good and convey a clear idea of what is intended to be represented. The book will command the respect of any practitioner, and every doctor can read it with benefit. He may not be converted to the views of Dr. Mays, but he will know much more of pulmonary troubles. We commend it highly, and know it will sell well.—A. L. R.

Uterin Fibromyomata. Their pathology, diagnosis, and treatment. By E. Stanmore Bishop, F.R.C.S., Eng., President Manchester Clinical Society; Fellow of the British Gynecological Society; Honorary Surgeon Ancoats Hospital, Manchester, etc. 49 illustrations. Published by P. Blakiston's

The Medical News Pocket Formulary. New (3d) Edition. Containing 1,700 prescriptions, representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M.D., Demonstrator of Therapeutics, Pharmacy and Materia Medica in the Jefferson Medical College, Phila. New (3d) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in

leather, with pocket and pencil. Price, \$1.50, net. Lea Brothers & Co., Philadelphia and New York, 1901.

This little book is now well known, and is the best of its class. It has a feature seen in no other, in that full directions are given under each prescription, so that even the medical student may understand for what phase of the disease the formula is intended. There is an interesting diagram showing at a glance the equivalent in metric and ordinary weights and measures and vice versa. It has the customary dose and poison tables. It contains 287 pages.—A. L. R.

The Feeding of Infants. Home guide for modifying milk. By Joseph E. Winters, M.D., Professor of Diseases of Children, Cornell University. Published by E. P. Dutton Co., 31 West 28d St., New York, N. Y., 1901. Price, 50 cents.

Contains forty-seven pages with blank pages for recording baby's weight. This is just the book the busy physician has long needed; it is reliable and so plainly written that any one who can read can understand it; it may well be put in the hands of every mother unable to nurse her babe, and it will save more than the cost of itself in saving the physician's time giving directions. Every doctor ought to buy them by the dozen to hand to his patients.—A. L. R.

Panama and the Sierras; a Doctor's Wander Days. By G. Frank Lydston, M.D. Illustrated from the author's original photographs. Published by The Riverton Press, Chicago, Ill. Price, \$1.75 prepaid.

Dr. Lydston writes as well of other things as he does of medicine. He is also a photographer of mark ability. In his book he gives us bright and realistic pen pictures of an intensely interesting land, and with his glimpses of travel he blends humor, pathos and wisdom in such a skillful manner that one is entertained at the same time that he is being instructed. The book will have a large sale, both because of its intrinsic merit and because of the respect and esteem in which the profession hold the author. Every physician who wishes to keep young and happy needs to read it.—A. L. R.

Dr. King's Medical Prescriptions. Carefully compiled and formulated, containing the favorite formulas of the most eminent medical authorities, collected from their published writings. Embracing a summary of the most select prescriptions for the administration of remedial agents for combating diseases. By John H. King, Graduate of the Hospital College of Medicine, Louisville, Ky. Multum in parvo. 1890. Published by Lillard & Co., 108 Fulton street, New York, N. Y. Price, \$1.50.

This is the second edition. The work contains 346 octavo pages. It is neatly bound; typography is excellent; and titles of articles are in heavy type; each of which features will commend it to those wishing to make hurried reference. It is well classified and admirably arranged. The entire field of therapeutics is covered. Many of the prescriptions are among those best trusted by the most experienced men. Under the "proprietarys" are given the formulas of many of the best known nostrums. The doctor who is conscious of deficiency in therapeutical skill will find aid here; the druggist who wishes to prescribe will gain pertinent and valuable hints; the nurse who wishes to conduct her own cases may find in it a long wished for desideratum. It is full of excellent

hints for the medical student who attempts practising. It seems that the book is intended for the public rather than, or as well as, the profession. Minor faults may be remedied in another edition.—A. L. R.

A Medico-Legal Manual. By William W. Keysor, Lecturer on Medical Jurisprudence in the Omaha Medical College, and Judge of the District Court, Omaha, Nebraska. Omaha: Burkley Printing Company: 1901. Sold by The H. J. Penfold Co. Price, \$2.00.

Judge Keysor has had exceptionally good facilities for the preparation of such a work, as he is both a judge in a district court and a lecturer in a medical college, where he has abundant opportunity to become acquainted with the needs of medical men along the lines of medical jurisprudence. The error predominant in many larger works on medical jurisprudence is that they have been written to teach the attorney medicine rather than to teach the doctor law. Judge Keysor knows what the doctor needs to know, and wastes no time; yet the lawyer will do well to get the book. He has led the doctor into law by the inductive method, and allowed the lawyer to seek his medical lore in medical books. The book is particularly adapted to the needs of the general practitioner with a small library, and is equally well suited for meeting the demands of the specialist or the busy lawyer. The plan of the work and its subject matter appeal to us so strongly that we advise every doctor, attorney and president judge to purchase it and read it thoroly. It aims to cover the various statutes of all the States; yet this is difficult. When the doctor knows what justice and precedent demand, he is fitted to care for himself in any court. The work will sell well and be satisfactory to purchasers.—A. L. R.

Diseases of the Heart; Their Diagnosis and Treatment. By Albert Abrams, A. M., M. D., San Francisco. Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital. Illustrated. Pages, 172. Rough edges, handsome binding. Price, \$1.00, net. Published by C. P. Engelhard & Co., Chicago, Ill.

In this book the author discusses the subject of diseases of the heart entirely from a practical aspect. His most noteworthy researches in methods of diagnosis are here recorded for the first time in collected form, and the latest and most practical methods of treatment given in detail. Later and more complete information is found here than in pretentious works on general medicine. An admirable and valuable little book.—A. L. R.

Urinary Diagnosis and Treatment. By J. W. Wainwright, M.D., Member of the American Medical Association, New York State Medical Association, New York County Medical Association, etc. Illustrated with numerous engravings and colored plates. Pages, 140. Price, \$1.00, net. Published by C. P. Engelhard & Co., Chicago, Ill.

This book gives not only all the usual methods of urinary examination, but introduces also a new feature in works of this character, viz., a discussion of the clinical significance of the urinary findings and their practical application in treating the diseases of which they are symptomatic. Among the subjects discussed are the following: Composition and Physical

Character of the Urin; Normal Constituents of Urin; Abnormal Constituents; the Microscope and Microscopical Technique; Qualitative Analysis of Urinary Calculi; Bright's Disease, Diabetes, Gout and Other Conditions and Their Treatment; Favorit Prescriptions, etc. A number of valuable tables and statistics are added.—A. L. R.

Practical Urinalysis and Urinary Diagnosis. A Manual for the use of Physicians, Surgeons and Students. By Charles W. Purdy, LL.D., M.D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms and Treatment." *Fifth Revised and Enlarged Edition.* With numerous illustrations, including Photo-engravings, Colored Plates, and Tables for estimating total solids from Specific Gravity, Chloride, Phosphates, Sulfates, Albumin, Reaction of Proteids, Sugar, etc., etc., in Urin. 6 x 9 inches. Pages xvi+406. Extra Cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Many readers may be tempted to pass this book by as too pretentious for them, but anyone who reads it will feel that there is not one page or line which he could have afforded to have misst. The urin deserves much more study than is accorded it; and this work is a reliable and safe guide to expertness in urinary examination. The tables and statistics are valuable, time saving and convenient. The cuts give one such a conception of actual plate images that he might recognize the appearances under any microscope. Much material regarding kidney diseases, and special examination for life insurance, is included. An appendix treats of the re-agents and apparatus required for quantitative and determinate urinalysis. Many new features are included in this edition. Every practitioner should have a work on urinalysis; this will be satisfactory. It is likely that previous triumphs will be repeated by this edition. We mention it as one of the best works on the subject extant.—A. L. R.

The Clipping File. For arranging, classifying, and filing newspaper clippings, references to books and magazines, original articles, business papers, and all sorts of notes and memoranda; also a system of classification consisting of common subjects and a classified list of topics. Copyright, 1900, by J. N. Brown. Sold by Clipping File Co., 48 Fairview Avenue, Cleveland, Ohio. Price, \$1.00 per volume.

The busy doctor, of all busy men, needs a system of filing. This device will prove a great convenience to any physician. The "volume" consists of an open backed box resembling a book. In the box are 10 envelopes with the scheme of classification printed on the outside. The volume is closed from dust by setting in book case or against the wall. With such a scheme any doctor may preserve articles which would never be preserved if he had to care for the journals containing them. The plan of classification is designed for general literature rather than medicine, but the doctor may make his own index. We understand that the publishers contemplate putting out a set specially indexed for the doctor. If this is done well, the idea cannot well be ignored by any physician. Those interested in general literature and preservation of miscellaneous data will find the scheme as it stands, cheap and convenient.—A. L. R.

An American Text-Book of Diseases of the Eye, Ear, Nose, and Throat. Edited by G. E. DeSchweinitz, A.M., M.D., Professor of Ophthalmology in the Jefferson Medical College Philadelphia; Consulting Ophthalmologist to the Philadelphia Polyclinic; Ophthalmic surgeon to the Philadelphia Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases; and B. Alex. Randall, M.A., M.D., Ph.D., Professor of Diseases of the Ear in the Philadelphia Polyclinic; Clinical Professor of Diseases of the Ear in the University of Pennsylvania; Ophthalmic and Aural Surgeon to the Methodist and Children's Hospitals, Philadelphia. Illustrated with 768 engravings, 59 of them in colors. Published by W. B. Saunders & Company, Philadelphia, Penna., 1899. Price, \$7.00, net.

The work is edited and published with special care. It will be found to contain easily understood information for the general practitioner, and food for thought for the specialist. The eye proper has 24 sections, by 24 different authors. Attention is given the special examination required by railroad companies for color-blindness among employees. The ear has 13 sections by 14 authors. The nose and throat take up 20 sections, by 19 authors. The work contains 1213 pages, with a good index of 38 pages. The book is an example of what may be accomplished in the effort to get out a volume suited alike to general and special needs. No minute detail has been permitted to escape without mention. Operations and diseases are fully considered, and any practitioner may rely upon and follow the verdict. The "collaboration method" has been followed, as in former American text books; it has few disadvantages, and many good points. The eye, ear, nose and throat are more or less intimately connected anatomically, physiologically and pathologically; yet the treatment of each inspires specialists to search for some special work on each subject. The editors have sought to combine all in this book. Considering such an undertaking, one must say that they have done well; the errors are few and of minor importance, and the book is all of the equal of any American text book yet issued. The plates are, in the main, superb; yet we hope No. 14 may not appear in subsequent editions until it shall have been thoroughly overhauled. We can advise any general practitioner to buy the book in confidence that he will have both a work of reference and almost a cyclopedia of all the ills of eye, ear, nose and throat for every day use.—A. L. R.

Fischer—Infant Feeding in Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M.D., Attending Physician to the Children's service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the Westside German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 illustrations, with 16 Charts and Tables. Mostly Original. 368 pages, 5 1/2 x 8 inches. Neatly Bound in Extra Cloth. Price, \$1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

The book is intensely interesting, and eminently practical. The author combines "his experience with the suggestions of many good text books." He calls attention to the easy digestion of acid curds as opposed to the difficult digestion of rennet curds. He asserts that lime water is a cause of constipation; and bicarbonate of soda a cause of diarrhea. The danger of bacterial infection from the use of milk sugar is noted. 16 pages are devoted to the bacilli of the digestive tract. Interesting

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter z) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add *enuf* (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

The Deadly Nursing Bottle.

The filthy nursing bottle might well be used to illustrate the epitaph of many luckless infants. All seasons of the year claim victims, but the late summer and early fall months seem to yield greater devastation from this cause. All physicians and most mothers know that the nursing bottle should be kept clean; but few physicians and fewer mothers understand how to completely cleanse the bottle. It is unnecessary to state that the tube should never be used. The entire appliance should consist of a bottle and nipple. The difficulty in getting nipples large enuf at the base to go over the neck of a wide mouthed bottle, and yet have a tip small enuf for the child's mouth, is generally the cause of the use of a bottle with a neck too small to permit of the introduction of either the fingers or the brush. Yet even such a bottle may be kept clean. We would advise every mother or nurse who has charge of a bottle-fed infant to commit the following directions: As soon as the infant is thru nursing, remove the nipple from the bottle and drop it in a glass of saturated solution of boric acid in water. Empty the bottle completely, and fill with pure boiled water. It is well to have

four nipples and two to six bottles. Once each day, cut a raw potato into squares about an eighth of an inch in size, and place a few teaspoonfuls in each bottle, and fill bottle half full of water, and immediately shake thoroly for several minutes; if necessary, this may be repeated, but the potato should be used but the once and only in the one bottle. After the potato washing, rinse the bottles with boiled water, and place them in boiled water till ready for use. When the child is ready to nurse, take the nipple from the boracic acid solution and rinse in boiled water, empty a bottle of water and at once fill with milk. It takes hardly as long to do the work as it does to tell about it, and no brushes or soap powders are needed. The plan is entirely satisfactory and absolutely safe. The rubber nipples sometimes take on a slightly greenish tint from their prolonged and repeated baths, but it in no way impairs them. If bottles are found in a filthy condition, we do not destroy them, but place a spoonful of medium sized bird shot in the bottle in a solution of some of the soap or washing powders, and after shaking vigorously for a few moments, empty and rinse the bottle and follow with the potato rinsing. We immediately destroy every rubber nursing tube on which we can get our hands, for cleansing them, much less sterilizing them, is entirely out of the question. With the plan given, no strong, offensiv, or dangerous antiseptics are used; yet no child will ever have trouble from either bottle or nipple. We have used it with success for years, and have never had cause to change. We have seen one of our professional friends use rice in lieu of shot or the potato and, he assured us, with perfect results.

The Young Doctor has Come.

The new graduate is now among us "in abundance." He comes with the idea that he has mastered all the deep mysteries of

medicin, and like Pare, feels that nothing further can ever be discovered. His egotism is to be excused, for he undoubtedly has learned more theoretical and scientific medicin than we have had opportunity of absorbing. He looks on us as out of date old fogies, and we gaze upon him in amazement for his presumption in pitting his book lore against the clinical wisdom gleaned thru many years of arduous practise.

He settles near us, and some of our best patients go to him. He is somewhat more enthusiastic than we in answering night calls, and his practise grows. He seems to be winning from us, and human nature seems to demand that we feel "sore," and show it. Soon there is an open rupture, and the people say that the "old doctor" is jealous.

There are redeeming features in the matter; if he gets some of our best patients, he is coerced into attending many whom we are glad to be rid of. He gladly welcomes night work; but we would rather sleep. He wins practise, but we are still busy. If he glories in his perfect knowledge of the latest developments in bacteriology, we may tell him some facts learned by sad experience. He has unbounded faith in humanity, and we may be somewhat softened by his zeal. We need each other, and it is a mistake if we drift apart when we should be mutually attracted. The old doctor may learn much from the younger competitor, and he should be glad to do so; the younger man should give due respect to the older physician's mature judgment. We like to cultivate the acquaintance of young physicians; while they may smile at our ignorance and antiquity, we are amused at their freshness; so both parties are entertained. While they laugh at us, we are learning from them; while we laugh at them, we try to give them some of the fruits of our long experience. The older man is too pompously dignified; the younger man is too impudently independent, and the breach is widened.

Let us get together; learn from each other; bear with each other's frailties; and get along well together. Let the old man learn that he is growing old; that he has not fully kept pace with medical progress; that younger men must eventually supersede him. Let the young man learn that the older practitioner views him somewhat as an interloper; let him be satisfied to humor the old man's whims; let him respect the matured experience of arduous years; let both be charitable, and let both be honest; and let both work for the best interests of themselves and their patients.

Dysentery.

The late Dr. Pepper quizzed his students more frequently upon this affection than upon any other. It is important. While the prognosis in the acute catarrhal variety is universally favorable, the severer forms are always grave, and frequently fatal. In the amebic form, relapses are to be expected, and secondary hepatic abscess is not uncommon. Such a disease compels our attention; and while there is little new to offer, we believe that the essentials of treatment may well be called anew to the attention of WORLD readers.

Tho appearing in mild form, this affection always excites the patient, and is distressing in the extreme. When seen in the more serious types it is one of the most severe of all acute troubles. Thus every indication forbids dalliance and calls for heroic medication. Cases treated too coaxingly are prone to pass rapidly into a chronic condition, and even seemingly mild cases occasionally do this. The amebic form is frequently chronic in type from its very inception. In the majority of cases medicine and minutes judiciously used will control the symptoms and result in cure. Even the milder cases are to be treated as if we were sure that they indicated the onset of graver symptoms; this is the only line of safety. Enjoin absolute rest, and insist on the use of the bed pan. Give

morphin hypodermically with a generous hand, guarding it with atropin. Irrigate the rectum thoroly with mildly antiseptic water, and immediately follow with thirty drops of laudanum in a little starch water; follow this by inserting ice cut smoothly into the shape of suppositories or melted into this shape by hot cloths; pass one every two to five minutes for half an hour. This may frequently be supplemented by the use of the following suppositories:

Ext. ergot.....	gr. lxxij
Iodoform.....	gr. xxx
Cocoa butter.....	enuf

Make six suppositories, and use one every two hours till four or five are employed.

Astringent injections of nitrate of silver, lead acetate, etc., are only advisable in cases which have past the acute stage without cure. Mild intestinal antiseptics, quinin, alcohol, opium, and bismuth, are the drugs to be relied on for administration by the mouth. External applications of turpentine in lard or by stupes is beneficial. In cases marked by bilious complications, thirty grains of ipecac every four hours has proven almost a specific; it is necessary to give twenty drops of laudanum half an hour before giving the ipecac to prevent vomiting. Laxatives like castor oil and laudanum, or sulfate of magnesium, often come in good service. Eliminate; soothe; combat further germ invasion; and keep quiet and easy; and your patient will generally do well. Do not be fussy, and do not keep your applications and rectal attention up constantly; have preparations made so that the necessary manipulations may be performed gently and rapidly, and the patient be kept as quiet as possible in the intervals. If the case develop symptoms of severity, and no trained nurse be obtainable, it is generally well to remain within call till you have baffled the attack; charge for your time, certainly, and few patients will pay so willingly as those who have been promptly relieved of an attack of acute dysentery. In the chronic form: rest, liquid diet, and salicylate of bismuth

by the mouth, with generous injections of silver nitrate give the best recorded results. Begin by injecting one or two pints of water containing twenty grains to the pint thrown high up in the bowel by a long soft tube; this may later be increased to even four pints of a thirty grain solution. Such injections are given once or twice a week. We must call attention to the use of liquid petroleum by the mouth in quantities of two to three ounces; this acts as a mechanical laxative, and is more soothing than salines—of course it is the refined variety known as liquid vaseline, and not the illuminating oil.

Do not diagnose severe diarrhea as dysentery; but when you do get an undeniable case of dysentery, treat it thoroughly and immediately.

The Deportment of the Physician.

The dress and manners of the physician are greater factors in his fame and financial success than any attainments he may have achieved or than any honors or diplomas he may have won. While this stultifies the laity, and discourages the toiling student, the fact remains, and may not be successfully contradicted. Any man without brains or principle, if he but have grace of manner, a voluble tongue which he knows when to guard, taste in dress and the ability to gratify it, may become notorious in the gossip of his local laity. Such a man will never win fame; such a man will never advance the interests of medical science; such a man will always be a "standing butt of fun" with honest practitioners; such a man deceives his patients, and generally leaves them in a worse condition than before; and such a man lines his pockets with easily stolen gold, while you lose sleep and meals to win a pittance for your family: but how the laity love him! They will commend him at every opportunity, and if they sicken at 3 o'clock in the morning will send for you lest they might not find the busy man, or because they

fear he would not permit his rest to be disturbed.

While we would honor the footpad who has the nerve to strike his victim down in darkness before we would recognize such professional pirates, we have always had a certain amount of consideration for the man who gets the better of us. Such men have done this in every community; and while they have made ridiculous fools of the laity and toyed and spurned honorable medical men, they have reaped the revenue due us for many months or years. The most valuable lessons we have ever learned have been those shown us by our successful opponents thru the sombre vistas of defeat. We do not commend the methods of the quack; we would never step back one pace from the line of progress; but we would protect ourselves by using their methods in so far as it did not conflict with science and professional honor. We would suggest dressing neatly and yet unobtrusively; we would impress our patients with the fact that we have all necessary appliances, and know how to use them; we would be cheerful and confident in our demeanor at the bedside without degrading ourselves by playing the buffoon, even if circumstances seemed to invite such conduct; we would maintain our professional dignity while we sought to come into sympathetic touch with our patient. We would strive to learn the secrets of success from the quack without deigning to descend to his more questionable methods. We would give the laity enough of what they love so well unless it would conflict with honor and medicine; when, if it did, we presume we would abandon the field to the quack, since circumstances are always in his favor. We, of honest medicine, deem this honorable.

Headache.

The grimly humorous doctor who defined a woman as "A constipated biped, with a pain in her side," might well have

added, "and a headache." This distressing affection is almost universal among female kind, and few of the sterner sex are entirely exempt from occasional attacks. If the personal and hygienic habits of our patients are not all that they should be, it is equally certain that our diagnoses and therapy are far from being satisfactory. The trouble with our diagnosis is that we fail to complete it. The patient comes to us with the headache, and we suspect stomach or bowels, give a purge and a stomachic and some kind of coal tar dope, and comfort ourselves in the assurance that the patient will be *relieved*. But nothing has been done in investigating the actual cause of the headache, unless the bowels or stomach have been the offending organs. This is the kind of treatment which has made fat the bank accounts of the patent medicin firms. The 10 cent headache packages of powders sold at the corner drug store do all for the patient that our 50 cent or dollar prescription does; when the patient learns this fact, we have not only lost them on headaches, but they will also try the druggist in any other complaint before consulting us.

We should treat minor complaints, such as headache, as carefully as we would treat a compound fracture of the limb. When the time comes that we do not have time to do so, then the time has come to raise our fees and cull our practise, or abandon general practise and enter a specialty. So long as you practise general medicin, you are bound by all the ancient precepts of honor and duty to do the very best possible for all those whom you undertake to treat. We know of no symptom found in so many diseases, which is so ignored and misinterpreted as a headache. No head ever ached without a cause, and the cause is just as apt to be, and just as often is, far removed from the effects of a functionally inactive alimentary canal. The general practitioner is no greater sinner in this respect than is the specialist; the general practitioner assigns the headache to some cause; the specialist assigns it to some organ in his own specialty. In the majority of cases both may show some cause why such a course might be rational; and in the majority of cases neither has made a diagnosis sufficient to prop the assertion.

It is a fact that many a diagnosis of some obscure and complicated trouble is

made more easily and accurately than is the proper diagnosis of cephalgia. Surely it is worth the time required for a thorough diagnosis; the periodical repetition unfits the victim for any kind of business or social duties; it may be the warning signal of the onset of some grave or fatal disorder; it is puzzling, and therefore interesting, to the true medical man; just tackle a few obstinate cases honestly and see if your best brain power and diagnostic skill is not fully taxed. It is essential that the patient be taught something of the nature of the case. In his innocence, he comes to you for "something for the headache;" and he hopes that you may give him something that will banish that headache forever. Your better knowledge teaches you that this is impossible unless the permanent cause be removed. He knows nothing of causation; it is pain from which he seeks temporary relief, without thought of the future. He seeks a magic cure from the ingestion of a draught. It is best to explain to him the obscurity of diagnosis; to take the time to find the foundation cause, and to charge him for it.

The ordinary headache is due to some reflex irritation, or to some unbalance of the equilibrium of the cerebral circulation; more grave and persistent forms take their origin in organic disease, or in a depraved condition of the blood, or in intracranial pressure from tumor or exudate. If the stomach fail to act properly, we may have a headache from reflex gastric irritation, augmented by the disturbed cerebral circulation consequent upon impaired nervous control.

The classification used by Stevens is, perhaps, one of the best of tabulations. It is as follows:

(1) Organic headache, as observed in meningitis, cerebral softening, abscess, brain tumor, etc., may be recognized by its persistent character and the associated symptoms of the primary disease, such as optic neuritis, mental aberration, facial paralysis, and vomiting without discoverable cause. Under this heading he includes the syphilitic headache; diagnosed by the history, the luetic lesions, the somnolent character, and the magic effect of potassium iodid.

(2) The headache of cerebral hyperemia: (a) Active cerebral congestion occurs after prolonged mental exertion, undue exposure to heat, and as the result of high

fever. Toxic and reflex headaches are often in themselves the direct sequence of active cerebral congestion. (b) Passive cerebral congestion. This follows mechanical disturbance of the circulation, as from the pressure of a tumor or the result of heart disease. In old people, it may result from inelasticity of the vessel walls, thus interfering with the momentum of the blood current, or by too easy dilatibility hindering the muscular action which accelerates the flow. When the headaches because of cerebral congestion, the pain is throbbing or "bursting" in character, the head feels hot, the face is flushed and the conjunctiva are injected. Raising the head relieves, and lowering the head aggravates the pain. It is necessary in searching for the exciting cause, to examine not alone the heart, but also the kidneys, liver and other organs. In diametrical opposition to the foregoing, we find the next class.

(3) Headache of cerebral anemia: This may depend upon general anemia, or be found as a sequel of various excesses; it is observed in aortic stenosis, in neurasthenia and after protracted emotional excitement. The pain is not throbbing, but is described as a "weight or pressure." It is often vertical in character, and the face is pale; the spirits and mental action are depressed instead of irritable, and lowering of the head is palliative.

(4) Reflex headache: This is most frequently the result of eye-strain. It is worst across the brow or forehead, and is often accompanied by vomiting, restlessness and insomnia; it is aggravated by use of the eyes, and relieved by darkness and quietude. Correct errors of refraction. (b) Pelvic disease will produce an obstinate reflex headache in the female. The vertex is the seat of pain, and pressure will relieve it temporarily. (c) Gastric irritability is often responsible for this variety. Vomiting will relieve and a brisk purge is curative for the time. Search for evidence of stomachic disorder. (d) Nasal catarrh will cause such a headache referred to forehead, temples or vertex. The eye-ball and inner orbital wall are excessively sensitive to pressure, and artificial irritation of the nasal chambers at once aggravates the head symptoms.

(5) Toxic headaches may be of uremic origin; examine for increased arterial tension and albumin or casts in the urine. (b) The lithemic or gouty diathesis is

often proclaimed by an obstinate headache associated with irritability of temper, brick-dust deposits and dizziness. (c) The headache of chronic malarial poisoning is generally supraorbital, recurring at regular intervals, and easily controlled by suitable quinin therapy. (d) The rheumatic headache comes on after exposure or changeable barometric conditions; the scalp is tender, and the pain augmented by jaw motion or frowning. (e) Alcoholism often induces cephalgia. In the acute form it is due to cerebral hyperemia; in the chronic variety it is generally presumed to be the result of a subacute meningitis. (f) The auto-intoxications following constipation, fever and diabetes are to be included here, as are also such toxemias as come from absorption of unrespirable gases, ingestion of lead, etc.

(6) Hysterical headache: This variety is worst at the menstrual period in the female (males also have hysterical headaches), and is forgotten under influence of pleasurable emotions. It may be described as localized or general, "nail being driven into the head," etc.

We consider this classification as that of a master hand seeking to lead the groping pilgrim to light under many and diverse conditions and environment. Indeed, his whole book does that (*Manual of Practise of Medicine*, W. B. Saunders, Philadelphia, 1898), yet it is not a complete guide for the lazy or ignorant man; work is the first essential, and while a thorough medical education is desirable, any hard working man may well grapple with any headache and come out triumphant. This book will aid him, as will many others; but there was never a star gemmed in any crown of medical fame which did not stand for sweat and weariness and disdainment of rest.

When the task seems too hard for you, better get out at once; it will be better for you and full as well for your patients. If you are going to be a really good doctor, you must work like a slave and live like a soldier in a hard campaign. Neither extirpation of the stomach nor Caesarean section will half the lament in the medical ear which the agony of headache voices. If you entered the profession dreaming of barbarian peacock plumes and fabulous fees for mediocre work and skill, you are bound to be disappointed. If you have a million to back you, you may retain your title, however

won; but you will never be a doctor, in the full meaning of the term, till you *work*. But we have wandered; perhaps because we appreciate the difficulties of a rational diagnosis of some obscure headache. We realize that the patient who has been unfitted for work for years, and who may, perhaps, have tried other doctors in abundance, hopes that you may aid him; yet we also realize your impotence until weary mountains of study have been scaled. We reiterate that headaches cause more aggregate pain and misery than those affections which lead to capital operations. Our sympathy is with the ranks of the general profession who meet the brunt of the severest trials. They meet them too poorly equipt, maybe; but that is their fault. We seek to spur them to a higher plane of usefulness. Let them equip themselves in knowledge and armamentarium until they shall be the peer of any doctor living; then they will have the consciousness of deserving the benediction: "Well done." And their patients will be fortunate.

Perhaps we have transgressed good editorial taste in our moralizing; but humanity will reap the benefit. If every reader but do his part, the added blessings to the race will satisfy us, however severe the condemnation from thoughtless and unthinking practitioners.

Little need be said on treatment; at least until we no longer are compelled to guess and dream at pathology. It is sufficient to meet the indications rationally if we but thoroly understand them. It will be understood that headache is not migraine; of this we may speak later. Now we only hope to help humanity, without danger either from malpractice or from the nostrum vender. Search out the primary cause of every headache, and rectify or treat it. Careful investigation will place it under some of the above various headings, and close study will bring the diagnosis yet nearer exactness. If it be in consequence of reflex irritation, organic disease, cerebral hyperemia or anemia, toxemia, or simple nervousness, we have confidence in the American practitioner who may grapple with it. He needs both skill and staying power in most cases; yet "if he win, he wins a pile," and it is well worth trying. If you can banish the headaches from your ordinary every-day practice, you will win both fame and competence. Satisfactory results do not lie

within the possibilities of any drug or combination of drugs. It is essential that every individual case be met personally and studied well. In the attacks it may be necessary to give some drug for temporary relief, but this is always to be followed in the intervals by a thoro search for the basic cause. Correct eye strain by suitable glasses. Treat any existing gastric catarrh by bismuth, soda, and silver nitrate. If there be anemia, tone up the blood with iron, arsenic, strychnin, etc. Examine the urin for evidence of uremia. If malaria be suspected, push the quinin. A hot mustard foot bath will relieve cerebral congestion promptly, especially if an ice bag be placed to the head; aconite and the bromids come into good play here. Caffein does much good in cerebral anemia. Salol is excellent for headaches of rheumatic origin. If kidneys be found inefficient, restrict patient to a milk diet, and promote diuresis and maintain free action of skin and bowels.

Get out of the old routine of treating the symptom, and get in line of rational treatment by an accurate diagnosis. 

Planner of Addressing Patients in Office and Home.

More patients are lost thru faulty tact in address than by lack of skill in medication. As financial success goes, an agreeable presence is more potent than skill or brains; yes, more powerful than both combined. It is not wise to be brusque, and any attempt at "blarneying" will be detected by the better class of patients. One must not be too business like, or the patient will believe you are practising for money only; and the laity love to see a man sacrifice himself "for love of his profession." It is difficult for many to "be all things to all men" as the Apostle was, yet herein lies the secret of success.

In the office, one should be neat and clean in appearance. He must appear busy when the patient enters, but arrange to suspend operations immediately, in such a manner that the patient will understand that the interruption is welcome. If the patient ventures to ask if you are busy, say that you are always busy, but never too busy to wait on good people. Begin at once to learn the trouble from which they suffer. Do not permit them to begin their own tale, or it may be endless; and in the end they will tell every one that the doctor is never very busy—

and then you might as well move. Ask your questions pointedly, yet not too rapidly. When the interview has satisfied you, write the prescription, or dispense the medicine immediately. Rising from the chair will dismiss most patients, but it may be necessary in a few cases to advise that they take a dose as soon as possible; then they will go.

In the home, especially when friends have "come in to help," it is often difficult to gain a chance to question patients or "nurses," since they generally all talk at once, and about any and every thing except what you wish to learn. The only cure for such an emergency is to take out your watch and begin counting the pulse, moving the lips to emphasize the fact that you must not be confused by conversation; then with the finger on pulse begin your questions and promptly check any extraneous talk. To be gruff and order silence will probably lose you not only the family, but likely the families of all those in the room. The doctor is always expected to allow himself to engage in a little friendly conversation; but he must guard against permitting it to take up too much time. We know one of these "rush to death fellows" who will spend hours in gossip at many cases; naturally the people know that he is not so busy as he says. Converse pleasantly a few moments, then turn to the patient and conduct your examination in a manner to ward off all volubility. If interrupted, you can frown slightly, and not answer for a minute, and then stop the examination and ask pleasantly, "What was it you said?" and while the answer is coming again begin the examination.

Great diplomacy is needed in addressing patients in the office, home, and on the street. Some expect to be on terms of confidential intimacy with you; with such you must be frank and cordial, but talk little of anything but generalities. Some look on the doctor as a convenience; and do not care to talk with him except when illness urges. Some consider "their doctor" an oracle, who knows all things; one must be patient with this class, and try to help them out in perplexity from other than physical causes. Some will stop you on the road and ask you who is sick down this way? We generally reply: "O, I have quite a number of patients down this way," and before there is time for another question from

the meddlesome one, put a question ourselves. A little rapid fire conversation will convince them that you have forgotten to answer their question.

Never be gruff or blunt; never snub a patient; always be urbane; be pleasant and polite; never gossip; always maintain your dignity; never become too intimate with a patient, yet do not be haughty; remember it is much easier to lose a patient than to gain one.

Ringworm.

The dread which this affection inspires in the laity is shared by many physicians. Under careless or indifferent treatment, it is often most obstinate, but with proper medication, it readily yields.

It is now definitely known that the different varieties of ringworm are caused by different parasites, but the treatment is the same for all. While the ringworm may attack hair, skin, mucous membrane, or the nails, the process by which the parasite works its destructive action on the tissues is the same in every instance.

It is essential to success that the diseased hairs be removed and the fungus destroyed. The hairs are best removed by plucking each one out by forceps; and if this be done carefully, the process causes but little pain. It is necessary to remove not only the diseased hairs, but also the hairs from a small area immediately surrounding the patch, lest they, too, become infected before the cure is complete. After the removal of the hairs, the superficial epidermis is removed by thoro scrubbing with hot water and soap; or by the more radical method of applying tincture of iodine or liquor epispasticus. Any good parasiticide remedy thoroly applied, will now complete the cure; but the most effective and certain is chrysarobin, alone, or in combination. An ointment may be made containing 20 grains to the ounce, and a small portion thoroly rubbed into the affected area three times a day; or the compound chrysarobin ointment of Unna may be employed in the same way.

R

Chrysarobin	5 parts
Salicylic acid	2 parts
Icthyol	5 parts
Simple ointment, to make	100 parts

If the epilation has been thoro, and the

removal of the superficial layer of the skin complete, this will speedily cure any case of ringworm.

The Treatment of Eczema.

There is a popular medical belief that arsenic is one of the best of drugs in all skin diseases, and particularly so in eczema. This belief is not founded on facts, and is certainly not borne out by experience. Instead of being indicated, arsenic is most strongly contraindicated in the majority of cases. Iron often but adds fuel to the flame. In fact, it is much better for the practitioner to appreciate that he is dealing, in many cases, with a strictly local disease, and that no internal medication is needed.

Often the systemic conditions are not all that they should be, and the practitioner jumps at the conclusion that this is the cause of the local affection. In many cases local treatment would relieve and cure the trouble. The system should be brought up to par, but the local treatment is by far the most important in most cases. It is advisable to maintain all the enunciations in full functional activity and to see that the body is properly clothed. Diet is important and stimulants must be rigidly interdicted. Irritation of any kind must be guarded against, and soothing or protectiv applications employed after the indicated remedies have been employed.

The crusts are best removed by applications of weak solutions of soda bicarbonate, or of any bland oil, or glycerin. Water is to be avoided as much as may be possible; even in bathing, it is well to keep the affected areas dry. Reasonable cleanliness may be maintained for a time by sponging the affected part with warm glycerin. If it be the hands that are affected, the rubber tissue gloves now for sale at all instrument dealers, will frequently cure inveterate cases, if worn constantly, without either local application or internal medication. In those varieties due to microbic or parasitic infection, it is highly important to choose an antiseptic which will not be in the least degree irritating. Weak boracic acid solutions probably meet this indication as well as any other agent. To relieve inflammation and to serve as a protectiv to exclude the air, the "creams" are most useful. One of the best is as follows:

℞
Oxide of zinc 6 drams
Lanolin 2 drams
Olive oil 8 drams
Prepared calamine 3 drams
Lime water 8 drams
Make a mixture. Apply freely and frequently.

It is occasionally necessary to keep the affected parts constantly covered with the medicating agent. This may be accomplished in the case of facial eczema in children by making a chamois skin mask with tapes to fasten in place about the head and neck; the medicament being made in the form of a stiff paste, and spread on the inner side of the mask. The ointment of Lassar may be so used, but it is improved by the addition of a little resorcin, oil of cade, ichthyol, or tar. It is prepared as follows:

℞
Salicylic acid 10 grains
Vaseline 4 drams
Oxide of zinc 2 drams
Pulverized starch 2 drams

In locations unsuited to the constant wearing of mask or bandage, one may make a jelly from starch and incorporate in it the indicated medicament. Such an application is spread thickly over the affected parts; it has, of course, the objection that it is easily removed by any motion or rubbing of clothing.

Some cases will be found in which fat, oil, or grease of any kind, irritates and causes the diseased area to spread. In such a case, one may often use the following with marked advantage:

℞
Pulverized calamine 3 drams
Oxide of zinc 2 drams
Glycerin 3 drams
Lime water enuf to make 4 ounces
Mix—Shake well before applying, and apply frequently.

A combination of sulfur and zinc ointment is often beneficial where fats are tolerated. One may begin with ten grains of sulfur to the ounce of zinc ointment, and increase the amount of sulfur as he finds the diseased area will allow. Such an application is best spread on paper and held in place by a bandage; waxt paper is preferable, and the ointment is spread generously.

Carbolic acid is a valuable remedy in chronic cases. It is applied in the proportion of one dram to eight ounces of equal parts of glycerin and water. A weak solution of silver nitrate (XX grains to the ounce) in sweet spirit of nitre, is often serviceable in such cases. Chrysarobin

in good strength is one of the best applications in the chronic form, but the patient must be warned that it will stain the clothing, and may produce temporary pain and hyperemia. It is used in strengths varying from ten to forty grains to the ounce of ointment.

In cases where long standing eczema has caused hypertrophy of the tissues, persistent massage will prove beneficial. In the varicose veins which so often complicate chronic eczema of the leg, the elastic stocking cannot be dispensed with.

Probably no other disease requires so careful symptomatic treatment and such fine diagnostic power. In the acute form, avoid irritation. In the chronic form, repair the damage, even if temporary irritation be induced. We have not seen formaldehyde mentioned in connection with eczema, but it should prove valuable in parasitic forms, and we shall try it on our next case.

New Modifications of an Old Method of Treating Epilepsy.

Meyer and Wickel tabulate a group of cases in the *Berliner klin. Woch.*, No. 48, page 1085, which have been treated by opium, and the sodium, potassium, and ammonium bromids, alternated. The drugs are not new, but the methods of administration are different from older plans, and the success of the treatment justifies one giving it attention. We shall be glad to give *WORLD* space for short, concise, complete reports.

The medication is based on opium in ascending dosage up to 14 grains daily, hydrotherapy, and rigid dietetics. Regardless of what the patient has been taking, treatment is begun by $\frac{3}{4}$ grain doses of opium given three times a day. A tablespoonful of a solution of hydrochloric acid, $1\frac{1}{2}$ parts in 200 parts of water, is taken after each meal. On the third day the opium is increased $\frac{1}{4}$ grain, and on the fifth day $\frac{1}{2}$ grain, and each two days by $\frac{1}{2}$ grain until 14 grains are being taken by the fifty-first day. When this amount is reached, the opium is discontinued at once, and 30 grain doses of combined bromids are given three times a day, made up as follows: 15 grains of potassium bromid, and $7\frac{1}{2}$ grains of sodium bromid and $7\frac{1}{2}$ grains of ammonium bromid. The bromids are increased by 5 grains each two days until 45 grains are being taken, when the same amount is continued regularly.

Acids, alcohol, bouillon, coffee, mustard, pepper, salt, sausage, tea and vinegar are forbidden. The diet is confined to eggs, fresh vegetables, meat in small quantities, rice, and soups. When the bromids are started, it is allowable to give cocoa and scraped meat with the other diet.

From the instigation of treatment, the weight, pulse, respiration, and temperature are recorded every third day. Any attacks are duly noted. The bowels are kept active by injections or massage, but no cathartic medicines are used.

From the first day, a ten-minute bath, at 86° F., is taken before the evening meal. The temperature of the bath is reduced 2 degrees and the duration of bath one minute each day until but 3 minutes are occupied in the bath and a temperature of 70° F. has been reached. The same temperature is continued, and the bath lengthened by one minute a week. If serious derangement of nutrition or weakening of heart action develop, it is necessary to suspend all treatment, and begin anew after the dangerous symptoms have abated.

The attacks sometimes become more frequent under the exclusive opium therapy, but rapidly diminish in frequency, or cease entirely when the bromid stage of treatment is reached. The bromids are continued for a year, cautiously increasing dosage up to 60 grains. The acid is given continuously, and the baths are intermitted as indications warrant; the dietetic control is continued, and an uneventful life insisted upon.

The detail of treatment is arduous, but the results as reported seem to repay the effort. Unless new drugs may be incontrovertibly proven superior to the older ones, we would better learn more of the old, than start on new and limitless investigations. Try it, and report.

Apomorphin.

The hypnotic effect of small doses of apomorphin administered hypodermatically seems now to be established. Dr. W. E. Adams, in the *British Medical Journal*, No. 2080, page 1375, reports the injection of 1-15 grain in a case of acute alcoholism, with the idea of producing emesis. To his surprise, a deep and quiet sleep was produced in 20 minutes. In addition to the hypnotic effect, the continuous retching which could not be relieved before the administration of the apomorphin, subsided quickly.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misinterpret them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—EUSKIN.

READ. REFLECT. COMPARE. RECORD

Study of the Liver.—Oxaluria.—Renal Irritation.—Doctors and Morals.—Oat Meal Water vs. Beer.

Editor MEDICAL WORLD:—The question was broacht at a recent medical college commencement, how much practical benefit does the average medical graduate get from the anatomy he carries away with him? Take the liver, for instance: He remembers that this great organ has five lobes, five fissures, five ligaments and five sets of vessels. Probably he has learned to outline it by percussion and palpation. Possibly he comprehends its relations with the abdominal circulation thru the mechanism of the portal vein. He understands that bile is excreted thru the bile ducts; and I strongly doubt if he knows much more. He is a pretty good student if he comprehends just why valvular heart disease causes enlargement of the liver, or how cirrhosis gives rise to hemorrhoids, ascites and dyspepsia. If he fully understands the part played by the liver in diabetes, in supplying urea, and the other problems of secretion and excretion, he knows a whole heap. From all this was deduced the advice to young graduates to study the liver, the live liver, not that found on the dissecting table; to learn its functions in health, the limitations of abuse it will bear with impunity, the acute and chronic, evanescent and permanent, pathologic conditions induced in it by our gastronomic sins, and the ways in which its resentment is manifested. The action of various drugs on the liver should then be studied; and possibly in a few more generations we may learn whether calomel really "acts on the liver" or not, and what that phrase really means. Long before this point is reached the student will have become hopelessly befogged in the

contradictory statements of various "authorities"; and when he comes at last to the actual application of his knowledge and asks: "How shall I increase the formation of urea," he will find himself far out at sea, out of sight of land, without compass or rudder, sail or oar.

It chanced that there was present a great anatomist; a man whose original investigations have rendered his name known alike in Europe and America, and honored wherever men skilled in scientific lines are to be found. Among his 500 dissections he has even studied the structure of that most rare occupant of the dissector's table, the "shitepoke." Surely, none of the young graduates could hope to excel this great anatomist. Now, this man took umbrage at the foregoing remarks, as reflecting on the study of anatomy; and proceeded to defend his pet branch and decry attention being given to physiology and therapeutics. But in his remarks he inadvertently illustrated his opponent's position, by acknowledging that he had just insulted his anatomy with a lunch of coffee and strawberry shortcake!

In supervising the work of a busy laboratory I have been struck with the invariable association of oxalates in the urin with traces of bile. We associate ordinary jaundice with obstruction in the bile ducts; and we believe that a slight interference with the discharge of bile suffices to cause a degree of reabsorption. But how do we associate oxaluria with obstruction? If oxalates are formed in the alimentary canal, and their formation attends certain forms of indigestion, is there a certain amount of catarrh of the biliary passages present, with consequent obstruction and reabsorption? The difficulty in this explanation is, why is there not more obstruction then, and palpable jaundice, as in ordinary bile-duct catarrhs? I cannot comprehend a catarrh passing from the duodenum to the biliary passages, and there causing only just enuf obstruction to give the urin a trace of bile, always this much and never any more. If this trace, however, is not to be attributed to reabsorption, but is directly eliminated by the kidney, we are no less at a loss to explain the connection between this fact and the oxaluria.

On page 268 "H" asks a very pertinent question: "If the disease (renal insufficiency) is due to the liver, why is there an

inflammatory action in the kidney, with casting off of the lining of the tubes and contraction of the organ?" I believe all the causes of cirrhosis of the kidney come under the head of renal irritation, the kidney being chronically irritated in the effort to eliminate uric acid, lead, alcohol, etc. This vicarious elimination may be kept up for some time with impunity, but in time the renal substance suffers atrophy of the glandular parenchyma and hyperplasia of the connectiv, just as occurs in the liver of a steady alcohol drinker.

Dr. Morris (page 273) writes an interesting letter on the alleged decline of morals in the medical profession. I am one who believes the world is growing better, and the medical profession is improving with the rest—not so rapidly, because it has always been far ahead of the rest of the world. The professional standard has risen steadily, especially during the last quarter century. A good deal of what some may call degeneracy is simply the change of standards. For instance, there was a time when the man who refused to go gunning for his neighbor because the latter differed on some important theologic question, was considered lukewarm. The doctor who went to see a patient instead of going to church, was not approved. And the doctor who did not go to church at all might have had all the virtues of Socrates, but he was a man to be shunned. Nowadays the public cares less for such things, tho very properly giving preference to men who show due respect for religion; but the vital questions relate to the doctor's skill, learning and honesty, his sobriety and humanity. And I am confident that the proportion of drunkards, libertines, lazy and incompetent in our profession grows constantly less. And when is there a call for heroes, to succor the wounded in battle or suck the tracheotomy tube in diphtheria, to face an eruption of yellow fever or devote themselves to a leper settlement, but the supply is forthcoming—yes, multitudinously—the only question is to select from the volunteers. I believe firmly in the modern American physician. He is all right.

The other day I found a case of beer hidden away in my barn, and noticed that the workmen resorted to it pretty often. And the work suffered. Whose fault? Mine. So I sent for some lemons and oat meal, mixt up a big pitcher of water with

three lemons and a pound of raw oatmeal to the gallon, set it in the sink and let the cold water spigot run to keep it cool. And you ought to have seen those men drink it! The thermometer has been in the nineties, and all sorts of mechanics have been working at my new house; but everyone took to the oatmeal water as if he were fresh from Ireland. Uncle Sam issues rations of oatmeal to his firemen in the Navy, for this purpose. It allays thirst and prevents fatigue. Men will bear heat better, do more work, and come out less fatigued on oatmeal water than on any other drink known to me. Don't ice it. Don't sweeten it. It is the drink for hot weather, for old or young alike. I often see in our WORLD pages the remark: "This number is worth a year's subscription," which is quite true; and this hint is easily worth that to any one who will try it.

A word to Dr. Ochiltree, page 284: The automobile busses in Chicago have been given up, the bills for repairs exceeding the income. Are your roads better than Chicago streets? Better decide this before investing.

WILLIAM F. WAUGH, A.M., M.D.
Chicago, Ill.

Oxaluria as a Cause for Headache.

Editor MEDICAL WORLD:—On page 271, July WORLD, there is an article by Dr. Overman. A case of "chronic headache" is reported. The symptoms he describes are those of oxaluria. In addition to those symptoms so well described by the patient herself, there is frequently loss of memory. The pain in one eye and one side of the head, intensified by sunlight, would of itself suggest oxaluria. It might be well to examine for calcium oxalate. By the aid of the microscope it is recognized as crystals, octahedral or coffin lid in shape. But a better test is to try the specific for this condition and thus effect a cure at the same time. It may be rheumatic in origin, as our Editor suggests, but should it be oxaluria, nitro hydrochloric acid in doses of from three to five drops, well diluted, every three or four hours will relieve the condition in a very short time. So by the aid of this drug and carefully avoiding such food as should be avoided in oxaluria, I believe this lady could be permanently relieved of her headache.

WM. A. HOLLIS.

Hartford City, Ind.

Painful Movements of Testicles.

Editor MEDICAL WORLD:—"Ontario," on page 284, describes a case of "Painful Movements of the Testicles" and asks for a remedy. If he will use rectal suppositories of *salix nigra* as put up by Buchanan & Co., of New York, for a week or ten days, I think he will have no further trouble. I think one per day will be sufficient; half in morning and the other half on retiring.

Newport, N. H. D. M. CURRIER, M.D.

Editor of MEDICAL WORLD:—I would suggest that if "Ontario" (page 284) would like to stop his patient's testicles from "creeping up his backbone," that he give him a few appreciable doses of camphor gum. It at least will stop any conditions bordering on priapism, and the probabilities are that his testicles will lay aside their unseemly behavior and quietly curl up in their scrotal bed and pass into a virtuous sleep.

Erie, Pa. R. T. MARKS, M.D.

Editor MEDICAL WORLD:—In answer to "Ontario," page 284, July WORLD, I will state that if he will use Lloyd's specific *salix nigra*, teaspoonful three times a day, and give up all other treatment, I think he will find relief for his patient with painful movements of the testicles.

Alton, Ill. W. HALLIBURTON, M.D.

Operation Continued in Spite of Fire.

Editor MEDICAL WORLD:—In looking over some old journals from 1890 I find an article in which is stated, that while several physicians in Baltimore were operating on a girl, the room next to the one in which the operation was taking place caught fire and the operation was continued until it became too hot to proceed, when the child was removed to an adjoining room and operation concluded.

In 1897, Dr. Kuechler and myself were amputating a foot; the room in which we were working caught fire; we continued the operation until compelled to move on account of the water which the men were throwing on the fire, when we moved the patient out under a shade tree and completed the operation. By the way, there were only two rooms to the house. Patient did not die.

Ste. Marie, Ill. W. A. WENZ, M.D.

Acetanilid and Spts. Nitric Ether for High Temperature.

Editor MEDICAL WORD:—I see an inquiry as to the compatibility of spts. etheris nitrosi and acetanilid. They are entirely compatible. I have used the following formula for years:

R

Acetanilid.....	gr. xxxij
Olei cassiae.....	m. iij
Spts. etheris nitrosi.....	3iv
Glycerini.....	q.s. ad. 3j

M. Sig.—Teaspoonful as required to control temperature.

This is the adult dose, and should be given to children in smaller doses according to age. I use this formula whenever acetanilid is indicated. It is preferable to administer it in solution. It is important to have pure sweet spirits of nitre and glycerin in preparing the solution, as the impure drugs will not hold the acetanilid in solution.

T. R. ALLEN, M.D.
Greenwood, Texas.

Push the "Nostrum Evil" Movement.

Editor MEDICAL WORLD:—In the June WORLD I note the editorial on "Cure of the Nostrum Evil." I heartily concur as to the feasibility of the remedy. Will you not take it up further, and appoint a campaign committee in each state, inviting the fraternity to join in the movement and charge such fee as will enable the movement to be pushed, and pay for printed matter, mailing, etc., under the supervision of the secretary of the National Campaign Committee? It occurs to me that two representatives from each section of each state on the National Committee, with general supervision, then thoro state and local organization, would soon get what we need. Don't let it drop. Push it along.

E. C. LINDSEY, M.D.
Mooresville, Ala.

[Doctor, you are asking us to undertake a frightful amount of work, which we cannot see our way clear to do. Suppose you try organizing your state, which will encourage others to organize their states, and thus the movement may grow. The columns of THE WORLD are open to the movement.—ED.]

Chlorate of Potash for Paris Green Poisoning.

Editor MEDICAL WORLD:—Allow me to call attention to the efficacy of chlorate of potash in cases of poisoning by Paris green. In nine recorded cases I have not had one which proved fatal, tho the quan-

tity of poison ingested varied from one teaspoonful to one-half teacupful; the latter quantity producing inflammation of stomach and bowels (acting as a cathartic) and of course requiring subsequent treatment suitable to those conditions. I have not seen any account of the use of chlorate of potash in Paris green poisoning in the text books or medical journals; so I have taken the liberty to mention it, as it is nearly always at hand, whereas it is not always an easy matter to obtain hydrated sesquioxide of iron freshly prepared. I use a saturated solution of the potash four to six ounces at frequent intervals as long as the matter returned from the stomach shows any signs of the poison. The color of the poison will be changed to a very dark brown or black by the potash. I am not sure of the chemical changes which take place, and would like to be informed. I am sure of the effect.

Cochesett, Mass. W. C. WHITING, M.D.

Blood Poison by a Rusty Nail.

Editor MEDICAL WORLD:—About six or seven years ago I was called to my first case of blood poison. My neighbor, Mr. P., who was a mechanic, by accident pricked his second finger on the palmar surface and near the second joint, with the point of an old nail which was in something which he was handling. He thought little of it at the time; only pinching and sucking the puncture until a little blood made its appearance. This was near the middle of the day. The following night he enjoyed a refreshing sleep, and slept well the second night until after midnight, which now made about thirty-six hours since he had received the little wound in the finger. At this time, which was about 1 a.m., he awoke with a severe pain in his hand. The pain extended up his arm, went into the spine, and finally before daylight it seemed to traverse every nerve in his body. Meantime his wife was doing all she could to relieve him, and at the same time pleading for his consent to call me.

At early dawn she came and called me to see Mr. P., as soon as possible. On learning the history of the ailment, and making my examination, I could think of nothing else than blood poison (traumatic). There was a red streak running all the way from his hand to his shoulder or axillary region; besides strings of swollen glands about the neck and shoulders. I frankly informed his wife that I was fear-

ful of some very grave trouble, and suggested counsel. My consulting physician was a young man only in his second year of practise. He was not only well educated and up to date in his line, but was the son of an eminent physician, and had grown up in the atmosphere of a doctor's office.

After we had put our patient on the best line of treatment that we could, I accompanied the Doctor to his office in an adjoining village about five miles away, purposely to lay the case before his father, whom I had met in practise for almost twenty years. The old Doctor told us that our patient would die, altho we had put him on as correct a line of treatment as was known.

Our treatment, besides anodynes for ease was as thoroly antiseptic, external and internal, as we were then able to give. We kept the wounded hand submerged in a solution of bichlorid of mercury, irrigative strength, with salol and other antiseptics internally. Our patient died about the third day, regardless of our best efforts to save him.

This case caused me to read everything on the subject that came in my way for some time afterwards, tho always praying that I might never have another case similar to it. However, in about three years, I was called at two o'clock in the morning to come in great haste to see another of our villagers, Mr. K., who the messenger said had "*stuck a rusty nail in his hand day before yesterday.*" While dressing myself I said to my wife: This is another case of blood poison almost exactly parallel to that of Mr. P., who died under my treatment some years ago. Just then it appeared to me that some one was telling me what to do, for the thought came to me *as plain as a whisper in the ear*. I know I had never thought of just such a line of treatment before that moment. It was this: If this is blood poison, first give your man ease with bromidia by mouth and morphin hypodermically. Then fill his system with calomel to head off the enemy from the inside, and submerge the hand in bichlorid of mercury solution to neutralize all of the virus possible at the point of entrance.

I was soon at his bedside, and found him in great pain with every symptom shown in P's case at that hour and stage of the attack. I first gave him ease with equal parts of brom. pot. and hydrat of chloral,

10 grains of each to the fluid dram of water; a teaspoonful of this by the mouth and about a half grain of morphin hypodermically. Next I issued twelve 2-grain doses of calomel, ordering one every hour for six hours, and then one every two hours till all were taken, which would take eighteen hours; meantime I kept the hand in a vessel of biclorid solution.

At the end of twenty-four hours the pain returned enuf to cause him to call me a little before I was due. I found only a slight trace of the red streak running up the inside of the arm, and the case lookt better all round. I repeated the anodyne, giving about half the dose of morphin and the same of bromid and chloral, and gave him twelve more doses of calomel in two grain powders, with instructions to take one every two hours during the next twenty-four hours. The next morning I found Mr. K. without any pain or other indication of blood poison; and feeling remarkably well for a man who had swallowed forty-eight grains of calomel in the last forty-eight hours.

In conclusion, have I cured a typical case of blood poison? And is my treatment as new to the profession as it is to me? Several times I have sterilized a wound by taking it in time, or at the time of the accident. On one occasion an old lady stept barefoot on a pile of old boards, thrusting two rusty nails so far up into the foot that she lifted two clapboards hanging to her foot, and pulled the boards off with her hand. Her foot was placed in a bucket of warm water with a handful of salt dissolved in it and kept there about two hours. The foot did not get tender or red at the nail holes.

After the period of incubation has past, which in my two cases was thirty-six hours in each case, *then* the poison is all thru the system, and we have a monster to take by the horns.

R. T. VAUGHAN, M.D.

Sailor Springs, Ill.

Spontaneous Version.

Editor MEDICAL WORLD:—Thinking that it might interest some other country practitioner, I'll relate a case that happened with me several years since. A Mrs. H. sent for me on a very cold January day, at 8 a.m., to attend her in her third accouchement. Upon my arrival I found her progressing very satisfactorily. At about 10 a.m. she gave birth to a nine

pound boy, but when I felt of the cord I came in contact with the hand of another child! At this I was very much chagrined, as it was so cold in the cabin that I had to keep on my overcoat; and I became completely exhausted before I could succeed in turning, and there was not another physician within nine miles of me. I workt hard for hours, in vain; my patient was getting in a perilous condition. About 4 p.m. I stept out of the room for a drink of water, and just as I entered she said "come to me." I went at once and found that the only pain she had in my absence had turned and expelled the child. You can imagin my delight. Of course it was born feet foremost. The mother did well; in one week she had undergone complete restoration. When I got home at 12 at night I sat before the fire and baskt while I overhauled my authorities to see what I could find about this subject. I found numerous cases recorded. I have frequently turned, never having lost a mother—in fact out of 650 cases that I have attended I have never lost a lying-in woman. I have known better men to have worse luck. I think one trouble with our modern obstetricians is that they get in too big a hurry. I never use forceps if nature will suffice, thinking it better for the mother subsequently, instead of thinking of saving myself time.

G. HUSTON CHAPMAN, M.D.

Uniontown, Ky.

Chloroform and Forceps. Why Not?

Editor MEDICAL WORLD:—In answer to this question of J. L. Thompson M.D. in July WORLD, page 275: The inference from his article is that he uses surgical anesthesia and not obstetrical anesthesia. Surgical anesthesia, whether in surgical or obstetric practise, can only be conducted safely along the rules laid down by surgeons, and is always accompanied by the possibility of danger. Even obstetric anesthesia is not admissible in all cases. In some, labor is retarded, and I believe the possibility of postpartum hemorrhage is increast. I graduated under Penrose, and have added to my library from time to time Bedford, Playfair, Cazeaux and Farnier, American System of Obstetrics, and Grandin and Janneau. I have hastily reviewed these authors again, and their teachings and my experience only confirm me in the more conservativ use of anesthesia in obstetrics. I would say the same

of forceps. Chloroform and forceps should only be used for scientific reasons, and not as conveniences. That you lessen risk and expedite labor is not proven. The very opposite may be the case. That your patient, who previously was in labor three days and was only in labor two hours under chloroform and forceps proves nothing. But recently I have had an experience in which in the previous labor, chloroform and forceps were used. Labor prolonged and severe. Attending physician did not increase his reputation thereby. Next confinement was approacht with a great deal of trepidation. Obstetrical anesthesia was used, but no forceps. Delivery uneventful; time not over three hours. In obstetrics past experience is no absolute guide for the future of the individual. Yes, relieve her *torture* in a rational manner every time when possible; but the misery of yourself cuts very little figure; it certainly is no argument for using chloroform and forceps. One thing I do know: the fellow who uses chloroform and forceps as indicated by Dr. Thompson is very apt to have more post-partum surgery, and reap the glory and the fees therefrom, than the conservativ man who avoids these accidents by a little time and patience. Dr. Thompson says, "why wait longer when os is sufficiently dilated?"

My latest, a woman seventeen, primipara, threatened with miscarriage three or four times during later part of pregnancy. I avoided a vaginal examination until confinement, then found an os that was exceedingly irritable and very painful upon the least pressure, especially at one particular point. This condition caused her much suffering, altho her pains did not otherwise seem intense. In order to relieve the "torture" I resorted to chloroform. Under this the pains became more rhythmic and stronger. After a couple of hours the womb finally relaxt, the head engaged in the pelvis, and there certainly were not more than a dozen pains till all was over in good shape. But for that irritable os, it was a perfectly normal labor; obstetric anesthesia and no forceps; and the chloroform before the os was sufficiently dilated. My conclusions would be:

Obstetric anesthesia when not objected to, nor contraindicated.

Surgical anesthesia only when positively indicated and only under surgical rules.

Forceps only when there are positiv indications to shorten labor, and not merely for the sake of reducing the time when no other reason exists.

Waynesboro, Pa. J. B. AMBERSON.

Criminal Abortion.—Measles in Utero.

Editor MEDICAL WORLD:—Most heartily I endorse "Information on Sexual Matters" etc., as set forth in THE MEDICAL WORLD for July, page 263. Great has been my annoyance along that line for the past thirty years. But a short time since I learned from a recently graduated trained nurse that they were instructed as to the best methods of procuring abortion. I cannot conceive of an instance when a nurse would be called upon to profit by that information in a legitimate way; and have we not proof that trained nurses even are not all "Lucretias?"

We are confronted with any amount of argument in favor of criminal practise. We are told that the social position of the party and family are at stake; that all chances of being anybody or anything are lost, etc., which is too true; and yet we are more frequently importuned by the married—at least that has been my experience. Then, too, they are more willing to pay for it than for honest work. Recently a father tried his best to prevail on me to "get his daughter out of trouble," assuring me that the money was ready for me. The same party has never found it convenient to pay me for years of legitimate service.

In regard to "Measles in Utero," I would say that I have never known an instance where a pregnant woman had measles that she did not abort. I do not call to mind but one instance that terminated fatally. Mrs. S., age 25, mother of two children, aborted with twins at about the sixth month. Her husband was an enthusiastic believer in Christian science, and managed the case until about thirty-six hours before she died, when I was called in. I found that for the four preceding days he had been administering chloroform to relieve her pain, which of course did not (?) exist. "Oh, consistency, thou art indeed a jewel."

Winchester, N. H.

A. H. TAFT.

Quinin in Labor.

Editor MEDICAL WORLD:—I see there is much being said of late on the use of quinin in labor. I shall proceed to give

Dr. Scott my limited experience with this drug in the practise of obstetrics. It has failed to give me the satisfaction that was expected of it. There is no question of its power to increase uterin contraction. It has never failed to do so for me, but my great objection to its use is its after effects. Where I have used it I have had serious postpartum hemorrhage, and could attribute the cause to none other than to the use of quinin, because in cases where I have not used it, I have had no postpartum hemorrhage. In three recent cases I resorted to quinin to increase uterin contraction, and on the second day had quite a serious secondary hemorrhage. Having failed to have this postpartum hemorrhage in cases where quinin was not used, I must conclude that the cause was the quinin. I think we have a much better remedy in *cimicifuga* (black cohosh) than quinin. I have found it a safe and certain drug in those cases where the uterus is unable of itself to expel the fetus, or where the case is complicated with a weak heart. My experience with this drug is limited, but in any and all that I have given it, it has acted well. On the 24th of June I was called to attend a woman in labor who had been made very feeble from an abcess of the lung, complicated with gallstone. Being so weak from this drain on her system, the uterin contractions were not sufficient to expel the child. I gave her fluid extract of *cimicifuga*, ten drops, repeated in an hour, which caused happy results, bringing on strong contractions of the uterus, causing the speedy delivery of a fine boy to gladden a family of all girls. The after effects were so nice that I am inclined to think that we have a better drug in *cimicifuga* than quinin. No drug should be given until dilation is complete.

Chucky City, Tenn. H. A. SIMPSON

Quinin in Pregnancy.

Editor MEDICAL WORLD:—On page 281, July WORLD, Dr. Scott, of Oklahoma, says he "rises from his office chair to shake hands" with Dr. Hammond on his article on quinin causing post-partum hemorrhage. He cites a case in his own practise in proof of it. He says he was called to a case of delayed labor in which he gave quinin, which caused good contractions and a speedy delivery; but on the third day he was called in same case for a postpartum hemorrhage. I understand him

to mean that the quinin that he had given at his first visit, three days before, caused it. This seems hardly reasonable to me, as we know that the cause of hemorrhage is a want of contraction of the uterus, and the quinin caused good contractions and delivery of baby and placenta. This seems to me that the hemorrhage was caused by the delayed labor and not the quinin; and had he continued the quinin or some ergot afterward, he would not have had any hemorrhage. I have given quinin time and again in pregnancy in large doses without producing any untoward effects. My conclusion is that it is the malarial poison and not the quinin that produces abortion. I am confident that quinin increases uterin contractions when they are already present, so I always endeavor to ascertain if any are taking place; and if I find such to be the case I give a sedativ, usually morphin, hypodermically. If I have a case of malarial fever "complicated" with pregnancy, I select the lesser of the two evils and give quinin.

J. B. RAMSEY,

Alto, Texas.

[On another page in this issue, under the title, "What the Authorities say about the Treatment of Malaria," it is suggested that methylene blue be given for malaria occurring in pregnant women, as it is not an oxytoxic as quinin is. We hope that our readers will act upon this suggestion and report.—Ed.]

Quinin in Labor.

Editor MEDICAL WORLD:—In reply to Dr. Scott's article on quinin in labor, I offer the suggestion, that quinin is a help in properly selected cases of uterin inertia. It should not be given to save the doctor's time, nor "just to be doing something." When it is necessary to give quinin to assist labor there is a condition of the uterus that needs after-treatment. It should always be followed with a tonic of black haw, ergot and nux vomica. His hemorrhage is not caused by quinin if given when indicated, but by the condition that necessitated the use of quinin.

Bellevue, Tex.

JNO. W. HYATT.

Veratrum Viride for Puerperal Convulsions.

Editor MEDICAL WORLD:—Seeing a request in the June WORLD for some experience with veratrum, I will give you a short history of some cases that I have had:

(1) In 1888, while living in the hills of Alabama, I was called one morning to see a lady sixteen miles out in the country. On my arrival I found that she had been delivered of a full term ten-pound girl twelve hours previous to my arrival, and that she had been having convulsions every thirty minutes or hour since. The midwife in charge told me that she had had twenty-four in fifteen hours. She was having a very hard convulsion when I entered. After making the necessary inquiries of the nurse I proceeded to administer to her twenty drops of Norwood's tincture of veratrum. She had one more convulsion and then didn't die, but lay quietly for three hours, and then asked where her baby was. She made a complete recovery.

(2) In February, 1893, I was called to see a lady who was having convulsions. On arriving at the house some eight miles from town, I found that my patient was aborting at about six months and had been having convulsions for several hours. Finding the os considerably dilated, I proceeded to deliver with forceps, putting the patient under chloroform while making the delivery. The convulsions continuing after a complete delivery I gave her fifteen drops of tincture veratrum. No more convulsions. Complete, uneventful recovery.

(3) Becoming worn out riding over the hills of Alabama, I decided to move to Florida. Leaving my family, I started out to find a location where I wouldn't be exposed to the snow and ice of the northern portion of Alabama. I arrived in a town on Friday night about eleven o'clock and had a hard time to find a place to sleep. Saturday morning I changed my boarding place, paid my board for a week, and rested quietly till Monday morning. Meeting quite a number of citizens who were anxious for me to locate in the town, I was debating the matter in my own mind when Wednesday morning at three o'clock I heard some one knocking on the front door and heard them inquire of the porter and ask for the new doctor. I dressed hurriedly, but soon the man was in my room telling me that Captain J.'s wife was dying, and he wanted me to go at once. Dr. B. had been with her all night and had given her up. Finding by inquiry that she had been delivered about twelve hours before, and that it was another case of puerperal eclampsia, I was soon at the house. Found Dr. B. very

much excited and saying that Mrs. J. could not live. I told him of my success with the veratrum. He seemed to be astonished, and said no one could live with twenty drops of Norwood's tincture veratrum in the blood. But, said he, she will die any way, so we can try it. We gave her fifteen drops and in two hours and thirty minutes she had another convulsion. We gave her five drops more and she recovered without any more trouble. Have had some experience with the drug in the common fevers of South Florida, which I can give later if desired. I am not so partial to Norwood's tincture as I once was, finding that Lloyd, Merrell, P. D. & Co. and others make just as reliable goods.

F. G. THOMASON, M.D.

Punta Gorda, Fla.

[Would be pleased to have your experience with veratrum in the fevers of South Florida.—Ed.]

Umbilical Hemorrhage.—Typhoid Fever.

Editor MEDICAL WORLD:—Umbilical hemorrhage in the child is produced as a rule in one of two ways: either by premature severance of cord, or from a strumous condition. I wash the parts with a boracic solution and wipe dry; then apply sufficient collodion to cover the umbilicus, and fan briskly until dry. This forms a coating that answers the purpose of compress and constrictor, and effectually controls the hemorrhage. No other covering is needed.

I have treated typhoid fever for forty years under the old plan, with varying results; but for three years I have been treating after the cold water plan (hydrotherapy). The one thing that accomplishes more than all else in this disease is the maintenance of a low temperature. Of course we cannot expect to maintain a normal temperature. But we can secure and maintain a temperature far below the hyperpyrexial level of 105°. The untoward conditions that supervene in this fever are almost entirely attributable to an abnormally high temperature long continued. If the temperature can be kept at or below 102° (barring complications) the danger in this fever is reduced to a non-fatal basis. This may be successfully accomplished by the free use of cold water. When called to a case of typhoid fever the first thing after I satisfy myself that it is typhoid fever, I instruct the attendant how to use the fever ther-

mometer. I then direct him to take the temperature every three hours, and at any time the temperature is found as high as 102° , to put patient in a tub of cold water and to bathe patient thoroly all over, and to continue until patient has become cool. This usually is from ten to twenty minutes. Then after wiping off, put patient to bed. This always lowers the temperature.

The next thing I do is to dose out from four to eight grains of calomel (in proportion to age) to thoroly cleanse the stomach and bowels—regardless of previous conditions. Then in order to cater to modern bugology, I place the patient on an antiseptic in tablet form—the Woodbridge abortiv No. 1 tablet is a very acceptable one:

R

Podophyllin.....	1-900 gr.	—
Calomel.....	1-16 gr.	
Guaiacol carb.....	1-16 gr.	
Menthol.....	1-16 gr.	
Eucalyptol.....	q. s.	

Sig.—One every three hours while fever continues to reach 102° .

Now the resulting benefit of this line of treatment over the old way is this: (1) The tongue is moist thru the entire attack. (2) If there be tympanitis it readily disappears. (3) There is no delirium. (4) Appetite remains good. (5) No diarrhea. (6) Patient loses but little in weight. (7) Convalescence is rapid. (8) Fever begins to decline about fourteenth day and the normal temperature is reached by the twenty-second day. All these untoward features having been eliminated by the cold bath, the great dangers which are to be feared, hemorrhage and perforation, never occur.

The above results are invariably attained under this treatment, if there has been no complication; and under this treatment the probability of any complication is reduced to a minimum. I feed mostly with fluid diet, such as milk, soup, broth, fruit juice and bananas.

J. R. TROTT.

Viridin, Ill.

Cholera Infantum and Acute Entero-Colitis.

Editor MEDICAL WORLD:—Cholera infantum is a variety of acute catarrhal enteritis of intense severity, corresponding in symptoms and course to cholera morbus in the adult, but more liable to a fatal termination. No specific cause has been found for the disorder, but modern writers ascribe it to the irritating effect of toxins

generated in the decomposition and fermentation of food, since the history of almost every case discloses some error in diet. Dentition and hot weather act as predisposing causes, and it also frequently develops from a mere dyspeptic diarrhea, or from an attack of entero-colitis. It is less frequent than other intestinal disorders. Holt claims that it constitutes not more than two per cent. or three per cent. of the summer complaints of children. The disease is characterized by its copious serous stools, which become ultimately almost like water. They are usually ejected with great force, and this is an important diagnostic point. There is certain rigidity of the limbs, which may be either drawn up or extended. The fever is decided, sometimes reaching 107° degrees, but the average temperature is 105° degrees. The feebleness and frequency of the pulse are noticeable, and so also is the unusual restlessness.

There is often a cool feeling to the skin, even when the temperature is raging very high; for this reason it is well to take the temperature per rectum. Occasionally there are intercurrent convulsions, and sometimes all the symptoms attributed to hydrocephalus are noticed. Sometimes there is torpor and semiconsciousness, with the Cheyne Stokes respiration. Intense thirst is always present; at first the tongue is coated, altho it later becomes dry and red. Emaciation is rapid. Simultaneously with the purging is apt to come vomiting, at first greenish from the presence of bile, but later of a serous character.

The urin is diminished in quantity, and the abdomen becomes collapsed. The prognosis is worse in a very young infant, in one who has been badly fed and poorly cared for, when all the surroundings are unfavorable, when the patient has suffered from antecedent disease, and in mid-summer. Yet fatal cases are often seen in infants previously healthy and living in good surroundings. There are cases in which it is evident, from the first few hours of the attack, that death will be the issue. The result depends more upon the severity of the attack than upon anything else. The disease may prove fatal in from one to four days. Cholera infantum can scarcely be mistaken for any other form of intestinal disease if its chief symptoms are kept in mind: constant vomiting, profuse serous stools, great thirst, dry tongue,

high temperature, and great restlessness, followed by rapidly developing collapse, sunken frontanel, pinched, anxious face, cold extremities, weak pulse, dyspnea, cyanosis, stupor, coma, and death. The main indications are: (1) To empty the stomach and intestines; (2) to neutralize the effect of the poison on the heart and nervous system; (3) to supply fluid to the blood to make up for the very great drain of the discharges; (4) to reduce the temperature; (5) to treat special symptoms as they arise.

For the first indication we must rely upon mechanical means—stomach-washing and intestinal irrigation; for there is no time to wait for the action of cathartics. For the second, nothing is more useful than the hypodermic use of morphin and atropin. For a child a year old not more than $\frac{1}{10}$ gr. of morphin and $\frac{1}{10}$ gr. of atropin should be the initial dose. It may be repeated every hour until the desired effects are produced; these are, arrest of vomiting and purging, improvement in the heart's action and in the nervous symptoms. In those cases of persistent vomiting and in cases where cerebral complications are arising and sleeplessness is prominent, chloral-hydrate in very small doses, from 2 gr. to 10 gr. to 4 oz. of water, giving a teaspoonful of the mixture every hour or two, is a most efficient remedy. We should give intestinal antiseptics in such doses and frequency as is necessary to destroy the multiplying microbes, and thus remove the local irritation and stop the septic absorption; arsenite of copper, $\frac{1}{10}$ gr. granules every fifteen minutes until effect, and then at longer intervals, one to two hours; also sulfocarbolate of zinc $\frac{1}{2}$ gr. used in the same way; but it is probable that none excel, if any equal, calcium sulfid $\frac{1}{2}$ gr., to which the same direction will also apply. If retention of fermenting residue is suspected, flushing of the colon, or giving Seidlitz salt in small doses should be used.

Now comes the indication to stimulate vitality by every possible means, that paresis of the intestinal vasomotors may be relieved and their functions restored as soon as possible. On this success or failure depends. Here we have brucine, the salts of strychnin and phosphoric acid; brucine and phosphoric acid, 1 granule of each, together every half hour for a child of 4 to 10 months; the same is divided in doses for an infant, and the salts of strychnin if a more powerful stimulant is demanded.

nin if a more powerful stimulant is demanded.

For the third indication, it is useless to give fluids by the mouth. The only thing that can be depended upon is the injection into the cellular tissue of a saline solution. To be efficient, at least half a pint should be given in the course of every 12 hours.

The fourth indication may be relieved by baths to reduce the temperature. The graduated bath should be used; to be efficient, it must be used frequently; as often as every hour if symptoms are threatening. For the frequent evacuation, laudanum or the deodorized tincture of opium, in doses of from 2 to 10 drops, may be given in starch water as a rectal injection. For cold extremities and subnormal temperature, hot mustard baths should be used to establish the action, and hot-water bags and bottles about the patient.

Acute Entero-Colitis.—This is an inflammatory process of the ilium and colon of a greater severity than that of dyspeptic enteritis, and chiefly affects the lymph follicles. It is a disease of the hot months and of teething, altho not strictly confined to the former, and is produced by the same causes operative for dyspeptic diarrhea. Acute entero-colitis has a temperature between that of dyspeptic diarrhea and cholera infantum, and is characterized by the presence of quantities of mucus in the stools, and by absence of vomiting, of colliquative diarrhea and of collapse. The prognosis is doubtful, much depending upon the strength of the child and upon whether the surroundings be hygienic. The treatment should embrace the general dietetic and hygienic precautions advocated for the other forms of intestinal inflammation. Anodynes are necessary. The rectum should be chiefly used for the administration of drugs, particularly for opium when used. During convalescence general tonics are required, such as arsenic, iron, nux vomica, wine, etc. Cod-liver oil should be deferred until the stomach and appetite are quite normal and the stools free from mucus. It should, however, be continued thruout the succeeding winter months.

W. H. LOUGHHEAD, M.D.,

Nile, N. Y.

When using bromids, camphor, lupulin, arsenic, morphin, and salicylic acid in full dosage, it is well to remember that temporary toxic impotence may occur.

A Discussion of Phosphorus.

Editor MEDICAL WORLD: — In June WORLD, page 221, six questions are suggested for discussion. I will take up the second one, viz.: "Phosphorus; its most valuable preparation." I will expand this question as follows:

What are the indications for the use of phosphorus, or its compounds and what results are to be looked for from its administration?

Phosphorus is an essential constituent of the osseous framework, the teeth, the nerves and nerve tissues, blood cells, serum and other animal tissues and fluids. When a deficiency of phosphorus is noticeable in any of these structures, as in tardy ossification in rickety children, decaying teeth in pregnant women, osteo malacia in multipara, neurasthenia from sexual exhaustion, malnutrition, pernicious anemia, mental exhaustion and feebleness of old age, then we seek to remedy the defect by the administration of some form of phosphorus.

It must be remembered that phosphorus, like our medicines, has elective properties and has a predilection for bone tissue, nerve tissue and the liver.

Phosphorus, in whatever form it may be taken into the system is ultimately converted into phosphoric acid. This acid attacks, with preference, the bases: calcium, sodium and potassium, and combines with the fatty acids and fats, as glycerophosphate. The calcium salt is deposited in the bone tissue, as calcium phosphate; the sodium and potassium salts are held in solution in blood plasma and intercellular fluids, as sodium and potassium phosphates; the glycerophosphates are deposited in the nerve tissues as neurin and in the liver and protoplasm of cells as lecithin and cholin.

Hence, in seeking the reconstruction of any particular form of tissue, we must provide for the base as well as the acid. If we aim at bone tissue, we should also provide the calcium, either as a calcium salt of phosphorus, or phosphorus and calcium administered separately and concomitantly. If we aim at the blood plasma, we should provide a sodium and potassium salt; if we aim at nerve tissue and improvement of metabolism, we should give salts of a lower degree of oxidation, as phosphites or hypophosphites, or the unoxidized phosphorus, or the glycerophosphates. Now, in the treatment of rickets and in sexual neurasthenia, the preference is given to uncom-

bined phosphorus: Why? Because the uncombined phosphorus requires the greatest amount of oxidation, hence produces the greatest energy, by heat production; increase metabolism; increase of arterial blood supply and therefore increase functional activity. This result answers all the purposes in neurasthenia, but in following it for rickets, is it not entirely based on precedent and the prestige of "authorities"? Who shall say, that in rickets, mollities ossium and osteomalacia, the calcium is not as deficient as the phosphorus? Hence for prudence sake, if for no other, we should administer the calcium, as calcium hypophosphite, calcium lactophosphate or calcium glycerophosphate. Or, if we must follow custom by giving uncombined phosphorus, then why not add the calcium to the milk, as lime water, precipitated chalk, or precipitated phosphate of calcium? But there is a source of danger in giving the uncombined phosphorus, either in large doses, or in small ones long continued; it is a decided irritant and is not wholly consumed, as phosphate, but a small amount, remaining behind, may by its cumulative action cause fatty degeneration. If it should be decided to administer the uncombined phosphorus, what form is preferable? We have the oleum phosphorum, *phosphor. tr. phosphor.*, and *tr. phosphor. aeth.* Of these, the first is by far the best, because it is the least irritant, the readiest absorbed, and the oil is a synergist. The oil may be emulsified and given in form of an emulsion, beginning with dose of gr. $\frac{1}{16}$, in all forms of neurasthenia, as nervous wakefulness, paralysis agitans, in all forms of anemia dependent upon malnutrition, and in such dyscrasias as the strumous and tubercular diathesis. Phosphorus is preferably given in form of the hypophosphites, because, next to the uncombined phosphorus, the hypophosphites require the greatest amount of oxidation and, therefore, evolve the greatest energy and promote nutrition and reconstruction.

If the main object is tissue construction, give the hypophosphites of calc. sod. and pot.; if the anemia is a prominent factor, add iron and manganese hypophosphites; if the heart and vascular system require toning, strychnin and quinin.

The hypophosphites are generally given in solution, as a syrup or elixir of the hypophosphites comp. Lately a simple solution, without sugar, has come into vogue, but

as the sugar acts as a preservative, and in the small amount present can hardly act as a fermenting agent, I can see no advantage in this preparation.

If there is no special reason for stimulating the metabolism of the system, then the phosphates are the quickest and most economical form. Of the phosphates, the phosphate of sodium has a direct action on the liver and intestines, by promoting their activity. The bile salts are sodium salts of glycocholic and taurocholic acids, and if for some reason the sodium should be withdrawn, the bile stagnates and concretes. The administration of phosphate of soda, by its alkalinity and affinity for the bile acids, may again liquefy the bile and stimulate its flow. If large doses of phosphate of sodium are given, most likely the greater part of the sodium is converted into sulfate, which acts as the saline cathartic. Sodium phosphate is given in substance as an effervescent salt or saturated solution. Calcium phosphate may be given in substance as the precipitated calcium phosphate, or as the lactophosphate. Generally the phosphates are given in combination, as the phosphates of calcium, sodium and potassium, and sometimes phosphates or pyrophosphate of iron is added. The phosphates are generally given in solution, as an acidulous syrup. The syrup of the phosphates of calcium, sodium and potassium is known as Aitken's syrup, also as Parrish's chemical food. Sometimes a syrup of the lactophosphates of calc., sod., pot. and iron is given the preference. A favorite tonic and chalybeate with older practitioners is tr. ferri chloridi and acid. phosphoricum. Some practitioners believe that of the iron salts the pyrophosphate is more assimilable than the phosphate. It may be given in aqueous solution, or as the elixir of the pyrophosphates of iron, quinin and strychnin.

After such an exposition of the subject, who shall say which is "the most valuable preparation of phosphorus?" But for the express benefit of the inquirer, I shall recapitulate:

If you desire the extreme metabolic effects of phosphorus, as in neurasthenias and rickets, give it uncombined, as phosphorated oil, in substance or emulsion.

If you wish to combine the reconstructive power with the metabolic power of phosphorus, give it as hypophosphites, in syrup hypophosphites comp.

If anemia is a prominent feature, add

iron or iron and manganese hypophosphites.

If in addition you wish to fortify the other organs of the body, add strychnin and quinin hypophosphites.

If you desire the reconstructive power of phosphorus, give the syrup of phosphates or lactophosphates comp.

If you desire also the effects of iron, add the fosfate or pyrophosphate of iron.

If you desire a specific action of phosphate on liver and intestines, give sodium phosphate in substance.

If you desire a tonic and chalybeate, give a mixture of tr. chlorid. of iron, acid phosphor. dil., syr. acid citr. and water.

If you desire a simple tonic, give elixir of pyrophosphate or fosfates of iron, quinin and strychnin.

E. GOODMAN.

1689 Post street.,
San Francisco, Cal.

Malarial Hematuria.

Editor MEDICAL WORLD:—I have read several interesting articles on malarial hematuria lately, and it seems that the same old question is with us again: whether quinin should be given or not. The Editor says the WORLD family must speak, and being a member I will give my experience. Have treated several typical cases very successfully, and I have invariably given quinin with good results. There are various ways of administering this world famed specific, and I think this is where the rub comes in. No doubt one reason why so many get bad results is just simply because they give it as recommended by most of our books for pernicious malarial fever: in large doses without waiting for the effect of a purgative. My rule is to give a purgative at once, and I find nothing to compare with calomel and soda, followed by a saline; then I give sulfate of quinin in five gr. doses every three hours until patient is cinchonized, then discontinue, to give Fowler's solution instead. At the same time I add spt. turpentine in from five to ten drop doses in a solution of gum Arabic with a little spt. lavender (to disguise the taste and odor), given every four hours. It clears the urine quicker than anything else I have tried. If there is much fever and pain I give acetanilid and citrate of caffeine every three hours until relieved. For the nausea and vomiting I do not resort to morphin and atropin at once, because I am always afraid to arrest the secretions. I

often get good results from a thoro washing of the stomach with hot water by letting the patient drink a large quantity of the water and then vomit, followed by small pieces of ice swallowed at short intervals, and a large mustard plaster over the region of the stomach. To relieve the congested kidneys I apply mustard to the back, and at the same time I give a hot mustard foot bath. As stimulant I give good whisky and strychnin if necessary. I never let the bowels become constipated. Diet should be light, such as milk and broth. During convalescence, give comp. tinct. gentian in a toddy before meals, and iron, quinin, strychnin and arsenic after meals. I do not mean that the above treatment should invariably be followed, as there are conditions in which some of the drugs might be contraindicated. I always treat the patient as well as the disease.

Washington, La. L. LAZARO, M.D.

Cataphoresis.

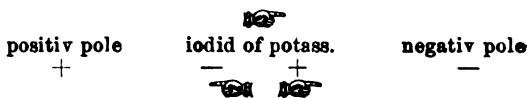
Editor MEDICAL WORLD:—The diffusion of medicaments into the body by means of the galvanic current is called cataphoresis. As the galvanic current passes from the positiv (+) to the negativ (—) pole, some physicians are induced to place the medicin for introduction into the body *always* under the positiv pole, supposing that the current will carry the medicin along on its passage. In order to examin whether this supposition is correct or not, let us rehearse how inorganic combinations are influenced by the galvanic current.

If we arrange the elements in such an order, that we begin with the most electro-negativ one and finish with the most electro-positiv one, we have the principal elements in the following order:

—Oxygen, fluor., chlor., brom., sodium, sulf., nitrogen, fosf., arsenic, boron, carbon, antimony, silicon, hydrogen, aurum, platinum, mercury, argentum, cuprum, bismuth, stan., plumbum, kobelite, niccolite, ferrum, zinc., aluminum, calcium, strontium, barium, natrium, kalium +. Acids are electro negativ, alkalies electro-positiv.

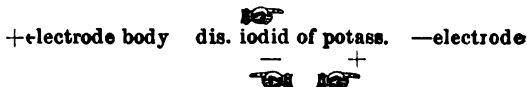
As electro negativ bodies are attracted by the positiv pole, and electro-positiv bodies by the negativ pole, it follows that, for instance, in a solution of iodium of potassium (kali iodatum), when connected with a galvanic battery, the kalium (potassium) will go to the negativ pole and the iodium to the positive pole; thus:

DIRECTION OF THE CURRENT

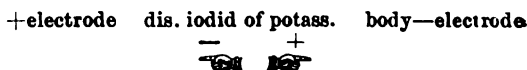


Now, if we put our body into the circuit, we may put the dissolved medicin (that is, a cloth saturated with it) either under the negativ or positiv electrode (pole), according as we wish one or the other of the two elements in the medicin to enter the body; thus:

DIRECTION OF CURRENT



or:



In the *first* case the iodium will pass into or thru the body towards the positiv electrode (pole), and the potass. remain under the negativ electrode (pole).

In the *second* case the potass. will have the tendency to pass into or thru the body towards the negativ electrode (pole) and the iodium remain under the positiv electrode (pole).

If a solution of iodium is used, it has to be put under the negativ electrode like iodium of potassium. If put under the positiv electrode, it would, of course, discolor the skin, but have no tendency to enter the body, as iodium is attracted by the positiv pole, being an electro-negativ (—) element.

It is evident from the above, that a drug can be past into the body as well *against* as *with* the flow of the galvanic current. Consequently, the selection of the electrode under which to place the medicins does *not* depend upon the *direction* of the current, but upon this: whether the substance which we wish to use for therapeutical purposes is electro-positiv or electro-negativ.

Regarding *organic* bodies, like tinctures, dilutions, or *pure* alkaloids (not the salts), it has to be found by experiment under which electrode to place them. The alkaloidal salts however, like morph. acet., cocain hydrochl., eucain hydrochl., atrop. sulf., etc. have to be placed under the positiv electrode (pole), because the acid, being attracted by the positiv pole, will remain there, while the alkaloid (the base), being repelled by the positiv pole and attracted by the negativ, will have a

tendency to pass into or thru the body ; thus :

DIRECTION OF CURRENT

—+ electrode acetat of morph. body—electrode

As mostly the alkaloidal salts have been used in cataphoresis, and as they have to be placed under the positiv electrode, the notion has originated, that *all* bodies have to be placed there, in order that the galvanic current take them along on its passage.

F. G. OEHME, M.D.

Roseburg, Oregon.

Treatment of Chancroid.

Editor MEDICAL WORLD:—John B., a grocer's clerk 25 years old, unmarried ten days after visiting one of the demimondes of the city, consulted me about a sore near the meatus urinarius. I was in doubt as to its true character, as it resembled in appearance a chancre. I gave him a placebo, took a small lancet and inoculated him with the virus on the fore-skin of the penis, requesting him to return about the third day. Upon his return I found a well develope sore in character and consistency like the original one. I was sure of my diagnosis this time—knew I had a chancroid. I washt both sores with peroxid of hydrogen and thoroly dried them with a piece of bichlorid gauze, toucht the sores with a ten per cent. solution of chromic acid and dusted with vitogen powder. The acid was used but once, and the powder dusted daily for one week. The sores both healed kindly in one week, and the patient was observed for another week to note any return of the symptoms, but none occurred. Seventeen cases of chancroid have been treated by me in this simple manner without a variation in the last six months with the same result as in the example given above.

Chromic acid has the advantage of not causing pain like the other strong escharotics. It is a powerful escharotic, altho painless and is to be handled with great caution. It should never be used unless in solution, and I have found that a ten per cent. solution answers the purpose very well. If one application is found insufficient it may be applied again.

Many cases that find their way to the large cities to be treated by the specialist could well remain at home to be cured by

the general practitioner. It will tend to increase his revenue, enlarge his reputation and make his usefulness greater. It may be well to remind the reader that in all cases, and more especially in these diseases, the physician's lips should be a sealed book. The talkativ physician should never treat venereal diseases.

CORNELIUS MCKANE, Ph.D., M.D.

Savannah, Ga.

Typhoid Recoveries Amid Squalor and Filth.

Editor MEDICAL WORLD:—After reading Dr. Neal's article on "Typhoid Fever" in June WORLD, pages 237 to 240, I wish to state a fact for the consideration and comment of the WORLD readers, and for their criticism if they will. I have no attack to make on anyone's theory or practise, "ism" or "pathy," nor any egotistic or chimerical theory of my own to offer ; but I wish to state a fact as forced on me by experience and observation. I have been practising for over twenty-five years, contending in my humble manner with that potent and universal war chief whose sway is unlimited empire and whose victories are coeval with time, trying to keep him from adding any of my patrons to the ever-lengthening roll of his gloomy and silent captivs. During that time I have treated a number of cases of typhoid fever in the hollows and mountain gorges of east Tennessee, where all is abject poverty and squalid filth ; where a pole cabin fifteen or sixteen feet square serves as kitchen, dining room, sitting-room, bed room, smoke house and pantry for a large family, and not infrequently the additional purpose of dog kennel and pig sty, to say nothing of bedbugs, fleas and lice ; where they have not a change of garments or a change of bedclothing or (cookery considered) anything that any of the WORLD readers would consider fit to be eaten ; where the rules and mode of treatment as taught us by our colleges and text-books as to sanitation, dietary, hygiene, cleanliness, etc., is not only impracticable, but impossible ; and I find that they get well just the same as any one else, and if any difference, their sickness is of shorter duration. This may seem incredible to those who have practised among a people more favorably situated, but it is a fact that can be verified by any physician who has practised within forty or fifty miles of Cumberland Gap in almost any direction. Since one

person recovers amid his environments, if accustomed to them, the same as another, is not this much ado about cleanliness, antisepsis, dietary, etc., a superfluity? I have ceased to dread a case thus surrounded any more than others where everything is favorable from a sanitary standpoint; and I rarely if ever lose a case under any circumstances. Would love to see the experience of others in other states, as I know what the experience is in east Tennessee and western Virginia.

J. B. MITCHELL, M.D.

Sneedville, Tenn.

Cancrum Oris.

Editor MEDICAL WORLD:—I was called to see Alvin South, age 19; previous health good, family history good. Upon arriving I found the boy was suffering from a severe chill. Upon examination, I found a circumscribed dark skin about the size of a silver dollar, extending from the angle of his mouth over the masseter muscle. The line of demarkation was well formed, with sluffing of the alveolar processes, and a foul odor was present. I at once made a circular incision around the whole mass of the darkened area, including the masseter muscle, and extracted 2 molar teeth and curetted off the whole mass of gums and the cavities of the teeth. I then sprayed with peroxid of hydrogen and applied iodoform and acetanilid, and covered with gauze; changed the dressings twice daily; kept patient upon tonic treatment consisting of emulsion of cod-liver oil, with 20 gts. of tr. mur. iron every 6 hours, and large doses of quinin.

Patient was convalescing from an acute fever. Was treated by Dr. C., who had produced pytalism. Patient had decayed ragged teeth. Made a rapid recovery with loss of an extensiv amount of flesh covering the superior and inferior maxillary bones.

Patient's manner of speech is perverted. Cannot speak words distinctly.

This patient lives in the mountains of Northern Tennessee, always spent an outdoor life, good surroundings, six in family. The cause, I think, was pytalism and decayed teeth.

The reason I write this is to show that cases are met with outside of crowded cities and in sparsely settled and salubrious districts.

Travisville, Tenn. Dr. A. H. CROUCH.

Three Cases of Diabetes Mellitus Cured with Arsenauero.

Editor MEDICAL WORLD:—In June WORLD, page 255, I askt for help on three cases diabetes mellitus that I had at that time under treatment. At this writing I have dismist them as cured. Briefly I will report my treatment:

Case No. 1: J. B., female age 41, family history negativ. Had for eighteen months been in bad state of health, losing flesh, passing abnormal quantities of urin, uncontrollable thirst, and in short, had all the symptoms accompanying a well developed case of diabetes mellitus. Had been treated during 1900 by a prominent M.D., but was gradually growing worse. When she came to me examination of urin revealed considerable sugar, sp. grav. 1,036, quantity in a day from two to three gallons. I put her on nitrogenous diet and prescribed strychnin sulf. with directions as to hygiene, etc. This improved the general health and slightly diminisht the sugar. I began looking up literature on diabetes mellitus and was so imprest with the reports on arsenauero that I determined to test it. So I discontinued strychnin and began arsenauero, five drops three times a day in two-thirds of a glass soft water, increasing one drop a day, making examination of urin twice a week. I noticed no important change until about the thirty-first day; at that time she was taking fifteen drops three times a day. The face began to puff. Examination of urin showed sp. grav. 1,028; sugar less than when last tested; amount urin past very much less. Discontinued treatment for four days, then began again with twelve drops three times a day. Saw her again in ten days. Sp. grav. 1,022; no trace of sugar; amount of urin past, accurate measure, fifty ounces a day. She was greatly improved in general health. Able to go at her home work with energy, had gained in flesh, slept well, relieved of indigestion and in my judgment cured. I directed her to take twelve drops three times a day regularly. She discontinued it with our instructions about ten days ago. At this writing no trace of sugar is present; sp. grav. normal (1022); quantity past normal. She tells me she eats anything she wants *except* sweets.

Case No. 2; Male age 34. Noticed he was passing urin too often and in too great quantity in January, 1900. Since that time has gradually grown worse, with all

the symptoms attending such cases. When seen first was very nervous, suffering with insomnia. Had an eruption on limbs and genitals. Examination showed sp. grav. 1,045, sugar in abundance, and passing three gallons of water a day, with a thirst he could not satisfy. I gave proper directions as to hygiene, diet, exercise, etc., and directed five drops arsenauero three times a day, to be increased one drop each day until fifteen drops were taken three times a day; then increase a drop each dose until forty-five drops were given three times a day. At that time, sp. grav. began to lower, quantity past to lessen, and sugar to disappear. I held him at this dose (forty-five drops three times a day), and in a few days sp. grav. was 1,020, quantity past forty-five ounces, no trace of sugar. He has discontinued all medicine, does regular field work on a cotton farm, eats regular diet (except sweets) and at last examination, June 30 [he is writing July 5—Ed.] sp. grav. 1,020, no trace of sugar, quantity past normal.

Case No. 3: C. B., male, age 37; health had been failing for three years. During that time had to pass urin two to four times a night. His thirst could not be satisfied. Examination of urin revealed sugar; sp. grav. 1,042, and passing over three gallons of urin in twenty-four hours. Arsenauero in five-drop doses three times a day was prescribed, increasing one drop a day until fifteen drops three times a day were given; then increase one drop each dose. When twenty-one drops had been reached he began to have vertigo, and his eyelids puffed. I discontinued for three days, then began again, eighteen drops, three times a day. He began at once to improve, and to-day his health is good, no trace of sugar; sp. grav. 1,020; doesn't pass urin at night; sleeps well; has good digestion, and has gained fifteen pounds in flesh. Have discontinued arsenauero. Now, I wish to say, these three cases had all the symptoms of genuin diabetes mellitus. By three different tests sugar could be detected, and to-day these same tests fail to reveal the slightest trace of sugar. Treatment has been suspended and patients dismissed as cured. This is my first experience with genuin diabetes mellitus, and I am not prepared to say that it will not return. Allow me just here to thank those who were so kind as to answer my query by letter. C. B. HOLMES, M.D.

Palmetto Home, Miss.

[A treatment that will give the results

reported above is certainly very commendable. But, Doctor, when all the recognized authorities agree in stating that true diabetes mellitus is incurable, don't you think that it is somewhat rash to use the word "cured" in relation to the above cases after so short a time? We wish you would report the condition of these three cases to us every three months for the next two years.—Ed.]

Diabetes Mellitus.

Editor MEDICAL WORLD:—After reading Dr. R. G. McCullough's article on page 269, July WORLD, also your comment, I am prompted to report a case now under treatment. The patient is a man about 35, and gives a history of typhoid fever some three years ago, when the physician attending him gave him large and continuous doses of spirits of turpentine. On examining urin I found sugar, and at once put him on Fowler's solution. He has been on this treatment four weeks. Urin is now normal, patient has gained ten pounds in weight, and is able to perform his work (he is a farmer), and reports feeling better than at any time since the fever. I see some physicians are claiming much virtue in brewer's yeast for diabetes mellitus. Has any of the WORLD family had any clinical experience with it? Let's hear more from the brethren on this hitherto unsatisfactory malady. Parsons, Kan. F. WARREN LANOIX, M.D.

Curetment of Uterus.

Editor MEDICAL WORLD:—While doing postgraduate work last year and the year before, I made a special study of post partum infections and took pains to obtain the opinions of such men as C. S. Bacon, Heurotin, Denslow, Lewis, Clarence Webster, Bangs and others prominent in Chicago as obstetricians.

The opinion given below is that arrived at after careful study and consideration of the opinions of the above named men.

Manifestations of fever, pulse, pain, etc. encountered after delivery are usually caused by the invasion of micro-organisms, excepting, of course, the slight raise of temperature and pulse resulting from fibrin absorption, so well known to obstetricians. Rheumatism, auto-intoxication from the intestines and various other causes may produce symptoms resembling the invasions of micro-organisms. It is the duty of the obstetrician to diagnose differentially.

The chief organisms concerned are the streptococcus, staphylococcus and the putrefaction-producing bacteria. While the bacillus of diphtheria with others may play an important part, still the above named are the causes of the majority of the infections of the mother.

When the discharges of the vagina become foul smelling, it is the work of the bacteria of putrefaction. The cause is usually a clot or a piece of placenta left behind by carelessness on the part of the obstetrician or nurse either before, during or after delivery. There is no reason to believe that a clot or a shred of placenta, even tho it be left in the uterus, should not remain aseptic for a considerable time; long enuf, at any rate, that no harm will result and the eventual expulsion of the offending matter be possible.

Still, because of the difficulty of asepsis, it is desirable and most important that there should be no focus of infection left within the uterus; should such a focus be present, it should be removed, if possible, at once.

There is no excuse for the obstetrician when he allows a piece of placenta to remain in the uterus. Blood clots can be express by the method of Crede.

The placenta should always be carefully examined under water, to float the membranes, wash off blood and make the examination easier. The uterus should be made to contract firmly by kneading and administration of $\frac{1}{2}$ to 1 dram of ergot. (I use P. D. & Co.'s normal liquid.)

Should a very small piece of placenta remain, I do not think it advisable to expose the patient to infection by removal; but should the piece be of any considerable size, say $\frac{1}{2}$ inch broad and an inch long and $\frac{1}{2}$ inch thick, one would be justified in its removal either with the finger or curet. I have allowed even larger pieces to remain because of the objection of the patient and friends to its removal and have had no bad results, because of the care used before, during and after delivery, the expulsion of offending material taking place spontaneously in one or two days, careful irrigation of vagina and aseptic facts having been made use of.

This brings up the question of the post-partum douche. While the fact is that a normal labor is aseptic, it remains true that cleanliness demands the washing out of uterin and vaginal secretions. With the word "cleanliness" comes the thought

of bacteria. If the serum exuded and the debris, which constantly flows from the vagina, is a good culture medium for bacteria, is it not rational to wash away this possible source of infection? Tho an antiseptic pad over the vulva exerts a powerful preventiv influence, the entrance of infection is made more sure by "cleanliness." I do not advocate the use of strong antiseptics at this or any other time, but advise a dram of sod. bicarb. to a quart of water once a day, and should a stronger antiseptic be wanted, creolin 3ss to i to a quart of water. The sod. bicarb. acts mildly as an antiseptic, but chiefly as a solvent. The heroic douching with strong coagulating and corrosiv antiseptics is to be condemned because of the lowering of the vitality of mucus membrane and possibly necrosis of same, thus inviting infection, if not already present, or opening new avenues to infection, should infection be present already. All important is the care used to have the douche aseptic. A careless nurse may produce an infection more severe and with greater certainty than if the douche had not been used. Should the conditions be such that the doctor's instructions be misinterpreted or neglected, it is better to avoid the douche and be satisfied with careful washing of the vulva with 1-2,000 bichlorid of mercury solution and a pad moistened and wrung out in creolin solution 3ss to a quart.

These instructions and precautions may be foreign to the question of curetment, but should they be more generally observed curetments would not be so frequently necessary, hence they are so carefully described. Should there be a streptococcus infection with the putrefaction infection, the course must be the same, viz.: the removal of the focus. At the same time the procedure must be done with care. It is a well-known fact that nature always tries to limit infection and build barriers to prevent the spreading of the infection. This must be borne in mind during a curetment because it would be essentially wrong to break down these barriers and, in addition, scrape away the entire lining of the uterus, thus opening a thousand more avenues for infection. This is essentially the objection to the curet, and because of this the aseptic finger does better work, not only making it possible to locate the offending body by the touch, but the traumatism resulting is

much less. The use of the curet in acute infection by the streptococcus is to be condemned in toto because of the immense harm, the destruction of the intact lining of the uterus. It would be just as rational to curet an infection of the arm or any other part of the body. A curetment can accomplish nothing but harm. If a radical measure is demanded, the rational one would be removal of the entire uterus. In beginning infections, such a severe measure would be criminal; and if the obstetrician is not to curet or extirpate, what is left for him to do? In my opinion the uterus is to be treated as would be any other infection, viz.: by *free drainage*. The injection of anti-streptococcic serum is indicated beyond a doubt; the failures reported were probably due to an infection due to a microorganism other than the streptococcus, viz.: a mixt infection, possibly of streptococcus, staphylococcus and others.

Should sluffing and necrosis take place in the uterus, the curet must be employed just as in other parts of the body, tho its abuse may result in the speedy death of the patient. There is a possibility that the application of a 10 per cent. solution of peroxid of hydrogen would prove beneficial, tho great care must be used because of the danger of producing a complication because of the possible escape of infectious material thru the Fallopian tubes. Alcohol 95 per cent. is advised by some, but I would prefer to douche once a day with mild solution of creolin, 3ss or less to one quart. The fact that foci may form in the pari-uterin tissues must not be overlookt. Where the infection has spread from the vagina, one may have the cavity of the uterus entirely free from infection and a pus cavity just above the cervix, or any of the tissues thru which the lymphatics pass. The early evacuation of the pus, and drainage, are here indicated.

Tho this paper has digrest somewhat from the original subject, I hope I have not done so uselessly. Should a new idea have been given to any reader, my object has been accomplisht at the expense of the reader's valuable time.

Pigeon Falls, Wis. C. S. WASSWEILER.

Where ladies suffering from superfluous growth of hair object to depilation by caustics or electrolysis, the most annoying feature may often be removed by bleaching the hair by repeated applications of peroxid of hydrogen, full strength.

Determination of Sex.

Editor MEDICAL WORLD:—In the May WORLD Dr. Waugh writes on the determination of sex, "as one having authority and not as the scribes." It is true as he says, that "it must be settled by observation, and not by devising some fanciful explanation without any data of facts for its basis." After reading this, it seems a little strange that he accepts as a "law" the theory of cross heredity, mainly on the observations of a Georgia stockbreeder, of whom not one breeder or doctor in a thousand ever heard, and a Vienna professor who was dismissed from his chair and forbidden to lecture in the university because those who knew him best believed him to be a fraud. He says that he has "known of efforts made to establish the theory of alternate sex ovules and it was a failure." It would have been more satisfactory if he had told what the efforts were, and how long they were continued. Five, or even ten years are not sufficient. When we attempt to establish any physiological law by observation, we should include not only humans, but also the lower orders of animals, and observations on domesticated animals should, when possible, be supplemented by observations on the same or allied species in their nativ wild state. Such observations as I have been able to make, have convinced me that sex is determined in the ovary, and not in the ovum; and that the normal sequence is the alternate maturing of the sex ovule. When, or where the theory originated I do not know; but probably it was among horsebreeders. The mare will always accept service when her foal is eight or nine days old, and in at least seventy-five per cent. of such services the foals will be of opposit sex to the foal recently born. This normal sequence is occasionally broken among wild animals, but only I believe when the female approaches senile sterility. It is oftener broken among domesticated animals, and oftener still among women. The longer the interval between two consecutive pregnancies, the more likely it is that the sequence has been broken. Hence when I determined to try and satisfy myself of the truth or falsity of this theory, women were divided into two classes: first, women whose menses had always been regular up to the time of the first conception, and who again conceived within twelve weeks after a normal par-

turition; second, all other women. Under the rule the sex was, or could have been foretold three times out of four in the first class, and three times out of five in the second class.

Since the normal ratio of boys to girls is nearly equal, it follows that any one will be likely to guess rightly half the time. I cannot accept the theory, that boys are more likely to be conceived just before the flow begins, and girls just after it ends. If the woman conceives within two or three days of the date when the flow is due, there is always what we may call an abortiv menstruation, tho the ovum is not always aborted.

Observation has convinced me that in the product of these conceptions the normal sex ratio is maintained. It is said that a king of France seemed likely to be disappointed in his hope for a son to succeed him, and that one of the Paris faculty advised him to cohabit with his queen while her menstrual flow was on, and that he did so, and was rewarded with a son.

My neighbor, a buxom young widow, whose flow regularly lasted four days, was told that it was impossible for a woman to conceive while her flow was on, and for several months admitted the approach of a man for three days of each period, religiously refusing him the fourth. After she had borne a son out of wedlock, she knew that her doctor had not told her the whole truth.

The theory that all ova start on one track, and by nutritional influences are later switcho to the male or female line, is a generalization from what we know of the natural history of the honey bee. We may admit that by feeding, the sex development of the young bee may be modified. But it is well also to remember that there is a wider difference between the honey bee and the lowest mammal than there is between the honey bee and the bumble bee. Like the honey bee, the female is impregnated while she is on the wing; but unlike the honey bee, the young are all fed alike, yet they come out male and female.

F. R. MILLARD, M.D.

San Diego, Cal.

Pulsatilla.

Editor MEDICAL WORLD:—Dr. Waugh asks, in the July WORLD, for information as to the claims put forth by eclectics and homeopaths of therapeutic powers for pulsatilla. Being originally a son of the

dominant school by inheritance and education, and now a hybrid from conviction, possibly my evidence in favor of pulsatilla will gain force from my lack of bias in its favor.

After using it about fourteen years, I would say that the eclectic specific medicine, and the homeopathic tincture will do what those schools generally claim for it provided it is used as they direct.

Other preparations used have given negativ results, probably for the reason given by Dr. Waugh. The two preparations named, when used as most practisers of the dominant school use them, will aggravate the conditions for which they are prescribed. They usually give five drop doses instead of $\frac{1}{2}$ of a drop or less. If they would only think straight enuf to measure the disgust an eclectic or homeopath feels for their use of pulsatilla, by the disgust they feel for the homeopath who will use only $\frac{1}{100}$ of a grain of quinin to cure mosquito bites (malaria) when they think five to ten grain doses none too much, there would be more hope for therapeutics.

GEO. M. AYLSWORTH.

Collingwood, Canada.

Another First Case of Serious Sickness in a Child.

Editor MEDICAL WORLD:—I read with much interest the personal narrative of "A reason for the faith within me" by Dr. S. E. Chapman, page 243, June WORLD. As a model of artless reliance, a platitude of faith, it is certainly admirable. I hope it is not a venture to assume that he is a successful practitioner. There is inestimable power in the matter of suggestion, and he can give suggestion with honest, emphatic asseverance. The faith is within him for sure: that he holds the infallible, the only true method of therapy—just what the laity are prayerfully seeking and value higher than all else for the ills of body and of soul redemption. For proof I may instance Christian Science, and there are other worse vagaries afloat. Let me assure you, now, I intend no slur on homeopathy. I know several good, intelligent and conscientious persons who are Christian Scientists. I read recently Mrs. Mary Baker G. Eddy's "Science and Health with a Key to the Scriptures," to please a friend. The work is readable, metaphysical and trascendental, but it tired me. I may say the same of Hahnemann's "Organon," which I waded thru

years ago. No doubt the fault is with me. I did not read with a "believing spirit," as I have been told on other occasions.

Now after this digression, I may repeat, I was much pleased with the Doctor's story of his experience, especially with that sick babe. It brought to mind my first case of serious child sickness, I was called to attend in 1855. I need not relate my state of my mind. The Doctor has done that better than I can do it. That I was sorely perplexed is to put it mildly. I sat by the child's cradle, felt of his pulse, and his abdomen, which was full, tense and tender to the touch and constipated, altho the sickness was ushered in with diarrhea and vomiting; skin hot and dry. I knew I had a dangerously sick child on my hands. I sat so long beside the cradle that the mother grew quite impatient, so she afterward told me, but was of opinion I was carefully studying the child's condition—a matter of consolation to a devoted mother. The fact is, I was not; my mind was otherwise engaged. I was studying my own condition and "where I was at." This I did know: it was expected of me to do something. I called for some water, a glass goblet and spoon. A search thru my saddlebags revealed—that's the word—a bottle of powdered asclepias. I put a teaspoonful of it into the goblet, mixt it with a little water and added enuf more water to make about six fluid ounces. As soon as the powder had somewhat subsided I gave the little patient a teaspoonful with directions to repeat every quarter hour for two hours, and thereafter every half hour until I returned, and no nursing. I left some sweet oil and turpentine to rub on the abdomen. When I gave my directions I noticed a flush of satisfaction on the mother's face, as much as to say, now something is going to be done. Singularly enuf, I was not askt for diagnosis nor prognosis.

In five or six hours I returned. There was no appreciable change, only less craving for nurse and no vomiting. Even this was better than I expected. Ordered medicin continued same way thru the night, except not to disturb patient when asleep, and if quite restless every quarter hour for a few doses.

Next day, an interval of ten to twelve hours, the child was still living, which gave me a slight gleam of hope, but the condition of abdomen was unchanged and no movement of bowels. The momentous

question with me now was, how shall I proceed? Will I use senna or castor oil? Either might have answered well, but I was fearful of unsettling the stomach. I still bore in mind the admonition of my preceptor. He more than once remarkt, "my boy, whenever you have a desperate case to treat, and you will have them, go slow; do not at once resort to desperate remedies, except you know what is what, and then don't be too sure." I had seen him use a few times suppositories, with apparent advantage. I decided to hazard a trial. Soon there was pain and straining, followed by a full, free passage of feces and flatus. The further treatment was rubbing the abdomen with oil and turpentine and tonic doses of quinin—we had plenty of ague in those days. This is a long story, and I may add, using a well worn phrase, the recovery was uneventful and complete.

What lesson, if any, did this wonderful cure convey to me? Was it a "miraculous demonstration of the medicinal power" of plurisy root and a cone of soap? I don't know. I was undisturbed with my therapeutic philosophy of similars or contraries, had no specious "curantur" to toy with. I thought the free use of water to moisten the parcht throat and cool the fever contributed to the favorable result. But I reverently believed, and now believe, "it was all in accordance with one of the most beneficent of God's laws;" the vis vitæ; the vis preservatrix; the vis medicatrix naturæ: a triad, three in one, "the same in substance, equal in power and glory." This law is probably the only "beautiful law of cure" nature vouchsafes to man.

That the drug disease is substituted for the natural disease, if not chimerical, is at least a debatable proposition. Admitted: why is not drug disease by contraries as reasonable a substitute for the natural disease as similars? Contraries evidently mean differences, not opposits, as sometimes stated, because disease can have no other opposit than health. It is a pure logical proposition, that those things which are similar are not the same. Our fingers, our eyes, generally speaking, are similar—"as like as two peas;" but they are not the same, therefore they are different. And now in this twentieth century we have two medical schools divided by a distinction not less fatuous than the distinction between tweedle dum and

tweedle dee. These things were well enuf when metaphysics ruled the literary world and intricate theories counted for more than facts.

Dr. George W. Harman is a veritable "devotee of homeopathy," as he contends contentiously. He quotes liberally from "prominent allopaths"—allopaths [*sic*]. These numerous excerpts would give a surface impression of much reading; but the fact is they are bandied and shuttled from one homeopathic medical journal and book to another. This, however, does not make them any less formidable; but the Doctor in his attempt to sit down on allopathy proves too much. What is true of medical science is true of astronomy, chemistry and all other material sciences. Homeopathy may have achieved the acme of perfection, as the Doctor claims. How satisfying to the soul such unshaken trust must be.

J. F. MCCARTHY, M.D.

Valparaiso, Ind.

"Old School" and Homeopathic Practise Mingled.

Editor MEDICAL WORLD:—I am a graduate of a homeopathic college and have had a fair regular education from books. I call myself regular because not good enuf to be called a homeopath. I use the knowledge gained from both schools, and their treatments blend together nicely, so that I could not get along without both of them.

Vaccination, Pasteurism and antitoxins are all in direct line with similia similibus curantur. I am a very poor homeopath, but I can show cures by thirtieth potencies that would astonish my fellow WORLD readers, Editor included. I have four severe cases of asthma cured by a few doses of the thirtieth potency of indicated remedy, and invite investigation. The shortest case was of fourteen years; the longest forty years duration. The last, a German soldier, was very bad nearly all the time; had spent much for regular and patent medicins. I gave him ten powders of the proper remedy and he has had no asthma for twelve months, and no other medication used. At the time he took the remedy he was completely prostrated for want of rest and sleep.

Another typical case was a German saloon keeper who had chronic discharge from ear for twenty-five years. A celebrated aurist of Milwaukee told him he could not be cured. In nine months I

cured him mostly with thirtieth potencies. This man is well known and we invite investigation. Now gentlemen, any teaching that will be followed by such brilliant results deserves a name, and that name is homeopathy and always will be. The Editor says, "This heritage contains truth and error." He is right. Under the name of "homeopathy" is carefully nurst a great deal of nonsense. Every medical college in the land should be compelled by law to teach any and all methods that have been proven by 50 or 100 years of actual benefit. If a man really wants to learn homeopathy he cannot do it satisfactorily except in a college.

Now to illustrate how I practise, I will state my treatment of acute tonsillitis, which has proved very satisfactory, and I never lance a tonsil nor use a spray or gargle, and the abscess seldom breaks:

First thoroly move the bowels. I prefer calomel one x; i.e., calomel $\frac{1}{2}$, coarse sugar $\frac{1}{2}$ well ground for four or five hours. Give ten to thirty grains of this in divided doses every two hours with a saline, till they move. For a saline I use sodium phosphate and sulfate mixt. After free catharsis and diuresis, give one tablet of hepar sulfur one x similar to calcium sulfid $\frac{1}{2}$ grain every two hours, and also a three grain powder of mercuric biniodid 2x, same as a one per cent. trituration in sugar, to be given soon after the first.

Also this

B

Homeo. tinc. belladonna root.....	gtt. viij
Merrell's fluid extract green poke root	
Iodide of potassium.....	āā 3j
Cascara arom.....	3j or ij
Water.....	
Simple syrup.....	āā 3ij
Ess. gaultheria.....	3ss

M.Sig.—One teaspoonful every hour until better, then four times a day.

When acute symptoms cease, give the indicated systemic remedy as a general alterativ and prophylactic to cure the faulty conditions leading up to such a manifestation, as silicia 30x, barium chlorid 3x to 10x, or whatever the system needs, as shown by the history of the case. I have a good tonsillotome but have never used it, as amputation of the tonsils is bad practise unless there is much cicatricial tissue. Sometimes I add tinc. guaiac ammoniated dr. ij to above **B**. It is a good remedy. In my hands the above treatment will cure any ordinary case without abscess in from twelve to forty-eight hours,

and without any other nonsense. We have plenty of cases and I can also prove that the above prescriptions will in a great measure prevent a second attack within a reasonable time and conditions. Until the compound syrup of hypophosphites came into use the homeopaths had the art of tissue building pretty much to themselves. With their calcarea carb. and phos., the sulfates, silicia, baryta carb., and chlor., with the phosphorus group properly handled and carefully prescribed by their great law, they have repeatedly changed rachitic and scrofulous children into foot-ballists—vigorous specimens of humanity—while it has taken the regulars one hundred years to get started into this pediatric field; and they don't know much about it yet. My brethren, you have had the wool pulled over your eyes in colleges; now is the time to pull it off.

About the dual properties of drugs, all that I have studied have a dual action, or action and reaction, and I use either primary or secondary according to the drugs used, and what I wish to do with them. This very thing has prevented the use of many valuable homeopathic remedies by the old school. They used too large doses; $\frac{1}{4}$ drop doses of homeo. tincture belladonna every hour is all that can be used without causing the secondary or poisonous action of the drug, which is not wanted. The small doses produce activity and elimination by the circulation, while the larger doses stop secretion and cause congestion and blood stasis that are to be avoided. The same principle applies to almost all other drugs.

Dr. Piper thinks he has killed off several homeos by asking about the 30th potency—the quantity is too small to talk about, being about 1-1,000,000,000,000,000,000,000,000,000 of one drop. I would also ask the doctor what potency of a nigger's anatomy is to be found in the nostrils of a hound who chases and catches the nigger four days after his start? Such questions are pueril.

Dr. C. C. Patchen is going to stop bromidrosis by external remedies. To a homeopath that is like stopping the Mississippi river by a dam. You may stop the river at one point but inconceivable damage is going to be done elsewhere. This is probably the most important lesson that the regulars have to learn. Nature has placed several organs in the body to carry off sewage. The principal sewers

are the lungs, kidneys, liver and skin. Now Dr. Patchen wants to stop the body from throwing off its sewage. The way to do this is to correct the action of the other sewers first. Sul. 30x, sil. 30x and a few other homeo. remedies will do this nicely in nine-tenths of the cases. We might be compelled to give an infusion of triticum repens for kidneys, or even aloes or cascara for the liver, in conjunction with these remedies occasionally.

Oxford, Wis. CARL L. FAIRBANKS.

The Thirtieth Potency and Mathematics.

Editor MEDICAL WORLD:—As no one has answered my question in the June WORLD, I will try and answer it myself, as I think it will be of interest to many of the readers of THE WORLD.

Prof. Waugh says he never knew of any one being convinced by argument, still I believe it is right for us to inquire into any or every system of medicine that claims to cure the sick.

In duty to ourselves as well as the duty we owe our patients, I think it is of as much importance to know the dose and the effect we expect to get from it as it is to know what remedy to give.

According to one of the writers in a late number of THE WORLD, one drop of the first potency contains one-tenth of a drop of the mother tincture; the second potency $\frac{1}{100}$ of a drop. By the same rule, one drop of the thirtieth potency would contain one nonillionth part of a drop of the mother tincture. It would therefore be necessary to give one nonillion drops of the thirtieth potency to be equivalent to one drop of the mother tincture. As we are not used to such large numbers, I will endeavor to put it in such a way that the mind can try to grasp the idea of its magnitude. Counting sixty drops to the dram, and eight drams to the ounce, it would equal over 560 septillion gallons. As one gallon contains 231 cubic inches, 560 septillion (560,000,000,000,000,000,000,000,000) gallons, if it were all congealed into a solid mass not allowing anything for expansion, would make a cubic body over 70,000 miles thru, or a mass over two and a half times greater than the earth. [Such a mass would be many more than two and a half times greater than the earth.—Ed] In giving such doses, it looks to me like giving a little less than nothing. If the thirtieth potency is so small, pray let me ask what dose a drop of the two hundredth

potency contains of the mother tincture? I would like to ask any one what he would think of a doctor if he should tell him to take a drop of a tincture and put it into the Niagara river above the falls and then go down to the whirlpool and take a few drops of the water, and put it into a glass of water and give a teaspoonful of it to one of his patients that had some dangerous illness. The water so obtained, by an actual mathematical demonstration would contain more of the tincture than many of the lower potencies that the homeopath prescribes in his every day practise.

One homeopath advanced as one reason why to practise that system was because the potencies were ten times cheaper than the regular medicin. Why should it not be cheap? as one drop of the mother tincture would make enuf of the higher potencies to supply the universe with medicin for untold ages to come. Until it can be proven that a part of any thing is greater or stronger than the whole, I never can believe in the high potencies of the homeopath.

I take exception with any one that calls me an allopath. I do not believe that any one during the past fifty years ever gave a dose of medicin allopathically. Neither do I believe that there is an infallible law of cure.

C. W. PIPER.

Wurtsboro, N. Y.

Homeopathy as a Therapeutic Specialty.

Editor MEDICAL WORLD:—The June number of THE MEDICAL WORLD sent to me as a trial copy has pleased me much. I am pleased to find a so-called old school journal conducted on so broad a platform as to admit to its columns articles setting forth the principles of homeopathy. In an editorial footnote you say: "The names, homeopathy and eclecticism, are more objectionable than the practise of their adherents." I am at a loss to understand why you should say so. Without entering upon its merit, it cannot be denied that homeopathy is a system of therapeutics, and if it is an entity it must have a name. You say: "These . . . titles are objectionable because they imply limitation." The same objection obtains against the use of such names as "surgeon," "oculist," "aurist," "electro-therapeutist." My point is that a physician does not cease to be a physician because he lets the public know that he is versed in a certain

system of therapeutics. In other words, homeopathy is a specialty in therapeutics.

What is a homeopath? He is one who adds to a general knowledge of the science and art of medicin in its many departments a special knowledge of homeopathic materia medica and therapeutics. All that belongs to the great profession of medicin by tradition or as the result of modern research is his by inheritance and right. The up-to-date homeopathic physician has a theoretical knowledge of the latest advances in the therapeutics of the so-called regular school. He may not make a practical application of that knowledge, so far as drugs are concerned—at least he is more likely to be satisfied to leave well enuf alone. But should he fail thru his own limitations to find the remedy to fit the case according to the homeopathic system, there is no one who has the right to say him "nay" should he choose to try the effect of the latest product of some German laboratory. Indeed, his first duty is to his patient; and if he cannot cure him "homeopathically," it is his business to cure him; and he ought to make use of any means to that end, no matter from what source it may emanate, the regulars, hydropaths, osteopaths, Christian scientists, etc. And too, any and all palliatives and anodynes can be lawfully used by the homeopath. Homeopathy is a law of "cure." Unfortunately there come into the practise of every physician cases that are incurable, and cases in which, during the process of cure or attempt to cure, some temporary expedient must be resorted to to tide over an emergency. The homeopath has this right and this duty, but the deeper his knowledge of his specialty (homeopathic therapeutics) the less will he find himself called upon to exercise the one or undertake the other.

"As to practise, each individual practitioner is guided by his own light and judgment any way; in the regular profession there is no attempt at curtailing personal freedom in practise." So says the Editor. Would that it were so! History teaches, however, that such is not the case. It was ostracism that brought about the cleavage in the medical profession. And history is being made to-day. Prof. Apostoli was a regular, but because he preferred and advocated the use of electricity in the treatment of fibroids he was shunned by the great majority of his professional brethren, and, after he

was dead, at the International Congress of Medicine in Paris last year his memory was vilified and he was made the subject of the most contemptuous epithets.

Such treatment as this, meted out to the pioneers of homeopathy, brought about that separation of the schools that all right-minded physicians deplore. And how is the breach to be healed? You say, "The regular profession is sufficiently tolerant to admit all honest and earnest workers in the healing art." There is grave doubt whether "toleration" has cohesive force enough to cement in one the medical profession. There must be some sort of recognition of the worth of homeopathy as a system of medicine. For instance, the regular school as a whole believes that it possesses all that is good in the treatment of diseases. In how many regular colleges is homeopathy referred to except to be ridiculed? Upon how many cases in hospitals under old school management is homeopathy tried, how many questions dealing with homeopathic materia medica or therapeutics have been set by the examiners of the regular school in state board examinations, or for admission to the army or navy medical staff? A toleration that will allow such injustice is no temptation. The lamb prefers to lie down *with* the lion; not *inside* the lion.

Common sense and self-respect demand that the medical profession close up the gaps and become a unit. The continuance of the separate schools stultifies the profession in the eyes of the public, renders it incapable of taking that position in the body politic that it ought to occupy, and is, moreover, a wicked waste of money. We complain that America is behindhand in medical research, and it is recognized that the reason is that we have no funds wherewith to reimburse those who are willing to spend their time in the laboratory. Were the funds now necessary to maintain medical colleges for each of the schools at liberty, this reproach might be removed. Homeopathic materia medica and therapeutics might be made an elective in every medical college, and if these branches were in charge of good men, and the rest of the professional staff could be refrained from ridiculing and criticizing something of which they know nothing by practical experience, there would be no need of homeopathic colleges.

As for homeopathic medical societies, there is no reason why they might not

still exist for the benefit of those in the unified profession who prefer the homeopathic method of treatment. Such societies would be on a par with societies formed for the advancement of other specialties, such as nervous diseases, ophthalmology, electro-therapeutics.

It might naturally be thought that in such a department of medicine as electro-therapeutics, where the questions of drugs and methods of prescribing do not enter, all physicians could meet on a common ground; but when the American Electro-Therapeutic Association was formed, the policy of exclusion was adopted, and energy has had to be wasted in the formation and maintenance of the *National Society of Electro-Therapeutics* which is open to any reputable physician. Last year the president was a homeopath, the vice-president a regular.

All honor to those who are striving to bring about unity, and among such, Mr. Editor, you occupy no inconspicuous place. I am happy to say that in the city where I reside a good feeling exists between the schools. The Hartford Medical Society arranges for a monthly address to be given to its members by some prominent out-of-town physician or surgeon. To these meetings their homeopathic brethren are invited. The meeting is followed by an informal lunch, of which everybody is urged to partake. I know of no method that will break down the bounds separating us more quickly. HILLS COLE, M.D.

Hartford, Conn.

[Dr. Cole is secretary of the Connecticut Homeopathic Medical Society. The above candid expression from him should be received in the spirit in which it is evidently extended. The idea of homeopathy as a therapeutic specialty—a branch only, within the regular profession—we have never seen presented so clearly as above; and doubtless it will impress many favorably.

Here, however, let us consider one point that has been put forward by a number of our homeopathic correspondents in justification of infinitesimals. They say, what "potency" does a person get who is exposed ever so briefly to smallpox, measles, etc.? or who perhaps receives a letter from one suffering with yellow fever? Yet these "infinitesimals" produce the most positive and disastrous results. We now know that these "infinitesimals" are living germs; and that by feeding upon the blood plasma a single germ may grow and

multiply into millions and millions of its kind, and it is *then* that the effect is produced, not from the single germ alone. Homeopathic infinitesimals are not endowed with life, and hence cannot multiply to produce an effect. Raise a drop of a mother tincture to the thirtieth decimal dilution ("potency") and you have an infinitude quite beyond the imagination to comprehend. Yet it is claimed that these (non-vital) particles (if any particles of the original drop are still present) have a positiv effect. The germ is vital; it requires a period of incubation, during which time it and its posterity feed on the fluids of the body, and grow into a possessing multitude; hence the effect. This we can easily understand. A dilution of a mother tincture to infinitude, or a trituration of a crude drug to infinitude, is entirely different. Such particles, if present, are not vital: they do not possess the power of feeding on the fluids of the body and multiplying. In homeopathic practise they are not given a period of incubation, but they are expected to produce their effects soon after administration. When such comparisons are made, as have been made recently in these columns by our homeopathic correspondents, the above mentioned distinctions should be borne in mind.—Ed.]

Reply to the Editor.

Editor MEDICAL WORLD:—Your answer to Dr. H. H. Read, page 264, July WORLD, is very positiv, and you ask him to cite an instance. If the Doctor will excuse me, I will cite you a few. In 1851 the Provincial Medical and Surgical Association of Great Britain past this resolution, among others: "That real homeopathic practitioners, those who practise homeopathy in combination with other systems of treatment, and those who hold professional intercourse with homeopaths, ought not to be members of this Association." Mr. Pope, who successfully past his examinations at the University of Edinburgh was refused his diploma because it had become known to the faculty that he was investigating homeopathy, and because he refused to bind himself not to practise homeopathy. Dr. Henderson, the distinguished professor of pathology and clinical medicin, was forced to resign his professorship from this same University because of his acceptance of homeopathy.

In 1854 the Anatomical Society of Paris expelled, on account of homeopathic publications, Drs. J. P. Jessier, Gabalda, Frédault and Jousset. Dr. Bliss, an allopath of Washington, D. C., was expelled for serving on a board of health with a homeopathist, the late Dr. Verdi, brother of the great musician. Dr. Cox was expelled for consulting with excommunicated Dr. Bliss. Dr. Van Valzah was dismissed from his lectureship in Jefferson Medical College for trying to save his life with homeopathic treatment after his allopathic physicians had given him up. In 1870 The American Medical Association refused the delegates from the Massachusetts Medical Society the right to sit in its meeting at Washington, D. C., because the Massachusetts Medical Society had some members who were homeopaths. The latter were ignominiously expelled from the Massachusetts Medical Society on the charge, among others, "of conduct unbecoming and unworthy an honorable physician"—i. e. of being homeopaths. That brotherly love and unity in the medical profession which you are striving for is not to be realized by treatment such as we receive at the hands of the so-called regulars. Bartholow in his *Materia Medica*, while recommending aconite for the same ailments that Hahnemann used it, says: "It is used by these quacks (homeopaths) because it will produce manifest effects in small doses."

Since our colleges teach homeopathy in addition to all that your colleges teach, we claim to be as well educated, at least, as graduates of your schools, and the following figures from the books of the Board of Regents, N. Y., will sustain the claim:

RESULT OF MEDICAL LICENSING EXAMINATION.

NEW YORK SCHOOLS FOR YEAR ENDING JULY 31, 1900.

Name of Medical School.	No. of Candi- dates.	No. Re- jected.	Honor. Accepted.	Per Cent
Albany Med. College	38	8	2	90.9
Bellevue Hospital Med. College	16	1	1	93.7
College of Physicians and Surgeons	163	4	15	7.5
Cornell University, Med. Dept.	51	2	6	96.07
Long Island College Hospital	46	8	0	82.6
N. Y. Eclectic Med. College	17	2	3	88.2
N. Y. Hom. Med. Col. and Hos.	31	0	13	100.
N. Y. Med. Col. and Hos. for Women ..	5	0	0	100.
N. Y. University Med. Dept.	11	2	0	81.8
Niagara University, Med. Dept.	2	0	0	100.
Syracuse University, Med. Dept.	25	0	1	100.
Univer ity and Bellevue Hos. Med. Col.	62	4	3	92.3
University of Buffalo, Med. Dept.	50	2	3	96.
Woman's Med. Col. of N. Y. Infirmary ..	7	0	1	100.

898 Broad St. GEO. W. HARMAN, M.D.
Newark, N. J.

[Most of the above is ancient history, which we neither endorse nor approve.

We have always contended that the severe and unwise course of the regular profession toward homeopathy in its early history did much, very much, to build up that school as a separate sect. Let us all congratulate ourselves that the conditions, the feelings and prejudices of fifty years ago do not exist today, except possibly sporadically, and then in a much modified form.—Ed.]

The Different "Schools" are Invited to Treat a Test Case.

Editor MEDICAL WORLD:—Under the caption, "An Equation of Responsibility," Dr. M. Pyle, of Jersey City, has endeavored to show the system of medicine known as homeopathy to be founded in error and its every tenet a delusion. Upon reading my "Evolution of a Homeopath," in JUNE WORLD, pages 243 to 247, the Doctor mails me a copy of his "Equation," and upon its cover he penned the following:

"Your 'Evolutions' in THE MEDICAL WORLD interest me. They have the ring of honesty and correctness; but with us the inclosed shows the practical workings of homeopathy."

I thank the Doctor for his expression of confidence and integrity, and with the understanding that we stand as representatives of our respective schools, seeking nothing but the truth and the good of humanity, I take up the gage of battle that he throws at my feet.

"Fools rush in where angels fear to tread." I confess that I feel a sense of littleness as I attempt to champion what appears to me to be a cause pregnant with the weal of billions of human beings, born and to come. If Similia be indeed a natural law of cure, surely its importance cannot be overestimated. And that is the point at issue. It is not profitable to figure on the amount of the original drug in the drop of the 30th potency. Let the medical world but recognize the fact that we have a law of cure and the potentized drug becomes a necessity.

The first serious charge in "Equation" that I will notice is that the 30th and 200th dilutions are no longer in use, and the "potency faction is past resurrection." The fact is that never in the history of our school have there been so many who use these and higher potencies almost exclusively. And this number is rapidly increasing, becoming more enthusiastic, and there is no pathological condition

which they do not treat with the highest potencies, frequently with results that approach the miraculous and utterly impossible under any other mode of treatment. These men swallow the "trinity of doctrines" and become thereby the greatest healers that walk the face of the earth. When the ostensible homeopath dispenses the goods of Parke, Davis & Co., or any other like manufacturing company, he is a homeopath about like the Irishman who kept tavern—like Hades. The same is true of the use of compound tablets and triturates which are being foisted upon the profession by our homeopathic pharmacies. It is unfair to cast the onus of such prescribing upon homeopathy, and I pass it as irrelevant.

And we have added nothing to medical literature! The doctor means by this that we have written nothing which adds to the stock of old school literature. That is right. We never have and never can write anything on the lines of therapeutics and materia medica that will be of any value to any one who does not prescribe by the law of similia. But men like Hahnemann, Herring and Dunham have left medical writings that will be infallible sources of knowledge to tens of thousands of physicians all over the earth when every old school work extant shall have passed into "innocuous desuetude."

Doctor Pyle designates the homeopathic materia medica as our "stock in trade, the child of a century, unauthentic, paralyzing." I could readily and with perfect fairness reply that the materia medica of the old school is the child of very, very much less than a century, and is so unreliable that the methods of that school are constantly changing. During your thousands of years of history what fact have you agreed upon in therapeutics for any number of years? There is not one, and there never can be while you have no rule of action. On the other hand, such is not the case in the homeopathic school. Hahnemann foretold before seeing a case of Asiatic cholera, having heard the symptoms detailed, that arsenicum album, camphora, cuprum metallicum and veratrum album were the drugs that would usually be indicated—that is, one of them, according to symptoms. It is so now and ever will be. What is true of Asiatic cholera is equally so of every other disease.

We are "symptom hunters who ignore pathology!" The true homeopath ignores

nothing that goes to make up the totality of the case. Gentlemen, every one of you knows that the successful prescriber is he who differentiates his cases according to symptoms. Symptoms are the voice of pathology telling him who hath an ear to hear the name of the remedy indicated. The man who treats all his cases of a given disease with the same prescription, irrespective of symptoms, is the veriest ass alive. Gentlemen, you don't do it! Talk of pathology as a basis of therapeutics! Why your ideas of pathology are constantly changing, hence there can be no stability in your system of therapeutics. It is not many years since a member of one of your state societies read a paper during an annual session in which he positively asserted that not a drug in the United States Dispensatory could be relied upon to do what was expected of it. This was received with rounds of applause, and it was unanimously voted that the paper be published in the society's journal. I would not like to be the man to read such a paper in any state homeopathic society. I would be incontinently "fired!" Not that the members of that society are so wedded to "our stock in trade," or so bigoted that they would not be willing to receive the truth, but because our materia medica is so reliable that when symptoms point unmistakably to a certain drug, we may assure the patient or friends that cure or amelioration will immediately follow its administration. Let me illustrate by a case: Was called some time since to attend a child suffering with dysentery. It had been sick several days and was in a critical state. The stools were frequent, involuntary, absolutely odorless, and looked precisely like currant jelly. Very restless, relieved by motion, being carried about. All the symptoms much worse at night. By reference to Bell on Diarrhea and Dysentery, I found in the repertory of said work that but two drugs have prominently the odorless, jelly-like stools. These drugs are *hyoscyamus nigra* and *rhys toxicodendron*. Between these two I easily differentiated and gave *rhys* 3x, 10 drops in half a tumblerful of water, a teaspoonful after each stool. I assured the parents that the child would be better, and it began to mend from the first dose, making a rapid and permanent recovery. Thus I have been able many times to predicate a favorable prognosis upon my knowledge of homeopathic materia medica; or, more

correctly speaking, upon an intelligent use of a repertory. Allow me to say for the benefit of those who are not familiar with our methods, that the repertory is but the key to our materia medica.

Perhaps it would be profitable to analyze this case a little further. Suppose I had based my prescription upon pathology alone, and had brought to bear upon those peculiar excretions all the paraphernalia in the ultra pathologist's hands for microscopic and macroscopic examination. What tho I had settled beyond a peradventure the etiology and pathology that had produced these evacuations, how could it have helped me as a prescriber? Dr. Pyle glows with pride as he points to the achievements of the old school in the fields of microscopy and bacteriology. And I say amen to it. But when it comes to laying such foundations for a system of therapeutics he will find that when the winds and floods of clinical experience beat upon that house it will fall, and great will be the fall thereof.

The Doctor charges that homeopathy has no remedial agents for toxemias, neuralgias, syphilitic dyscrasias, iritis, postpartum hemorrhage, puerperal convulsions; not an evacuant, analgesic, topical application, hypnotic; not a drug that possesses diagnostic value; not a reference to pathological or bacteriological products. This would be a dead knock-out for us if it but possessed one essential element—TRUTH! That he believes himself right I freely admit; but that he is right I positively deny, and hold myself ready to convict him of error on any or all the foregoing specifications. His premises being all wrong, no matter how splendid his logic, his conclusions can be nothing else than false. But enuf of the "Equation."

To bring the matter to a practical head I make the following proposition: Let us meet in a fair field contest and see which is the scientific school of medicine.

Case. A large, robust man, aged 35 years. Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the right hypochondrium. The expectoration became rustcolored and very tenacious, adhering to the vessel like glue.

Status praesens (seventh day). Great dyspnea; must sit well bolstered up in bed. Complaints of tightness of the chest. Cough

tight, expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper. Respirations 50 per minute; temperature 105°; pulse 130, weak and thready. Physical examination reveals hepatization involving nearly the whole right lung.

Now here is a man who must have help immediately or he will die. We do not need to quibble over the pathology or diagnosis. Every reader recognizes it as pneumonia. I ask the readers of this journal to prescribe for my patient. Does the old school dare stand this test? Will the Editor publish the names of the prescribers and their prescriptions? I believe that he will, for he is an earnest seeker after the truth.

To make this test of any value, no two of the prescribers should confer and agree as to the treatment. Let every tub stand on its own bottom. I appeal to all schools alike; be square and manly, and let's probe this matter to the bottom. Send all the prescriptions to the Editor, not to me. We may trust him. No man who is not a graduate of a college of one of the three recognized schools of medicine should be allowed to prescribe for this case.

In conclusion let me say that this is no collusion. I have never brought the subject to any physician of any school, and do not intend doing so. Let every one who thinks he knows the thing to do for this patient show his hand. Be in a hurry, gentlemen, or he will die

Napa, California. S. E. CHAPMAN.

[It is not our custom to publish matter concerning pneumonia in August, but in the above case we will make an exception. The replies will not be in until time for the September or October WORLD, and then it will be time to get our "arms and ammunition" ready for pneumonia. The above is a fair proposition. We will publish treatment sent not only by "regular," homeopathic and eclectic adherents, but all seriously intended replies from any cult whatever. This liberality may bring to our pages a therapeutic museum. Let all give their treatments briefly, but clearly, with the reasons for each step, that the world may judge.—Ed.]

The hypnotics which act by depressing blood pressure are the most certain. Chloral is the surest of the type, and is more powerful than any of its derivatives. The limitations and maximum dosage must not be forgotten.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Can any practicing brother tell me how to frame a sheep skin so it will not wrinkle? My diploma in two years has wrinkled all over and looks very bad.

Brooklyn, Wis. A. R. TAYLOR.

J. L. S. asks, "will a woman conceive early in the menopause?" Yes, if spermatozoa come in contact with the ovum while the ovum is on its way from the ovary to the uterus, it will be impregnated. Early in the menopause the production of ovi begins to be irregular, and usually so continues until cessation takes place.

Chemical Removal of Hair.

Editor MEDICAL WORLD:—Can you tell me what the preparation is that will remove or dissolve superfluous hair? Will I have to be very careful about using it? Can I make it myself?

Lovell, Maine. C. P. HUBBARD.

[Hydrated calcium sulfid is a semi-fluid with an offensive odor. If spread thickly on skin surface covered with hair and allowed to remain till there is complaint of smarting, it may then be sponged off and all the hair will come with it. It is not dangerous and requires no great skill in its use except that it should be kept away from eyes and nostrils. You could possibly make it, but you can buy it much cheaper from any drug supply house. It acts just as the razor does; it removes the surface hair, and in a few days the hair or beard will be found growing as usual. There are a number of depilatories advertised in medical and lay journals, but there is no drug or combination of drugs known which will remove permanently the healthy hair without injuring the skin. If you think a moment, you will appreciate the fact that any drug with sufficient power to penetrate the tissues and kill the hair roots must first destroy the skin itself.—Ed.]

Hyperidrosis.

Editor MEDICAL WORLD:—I would like to have some suggestions on the treatment of the following case: An unmarried lady, a school teacher, 24 years old, has been troubled since childhood with excessiv sweating of the hands and feet, especially of the hands. They usually have the appearance as if they had been soaked in water. The palms and backs of the fingers are affected most. The water seems to pour thru the skin and drop off in large drops. There is sometimes, but not often, a little edema of the eye lids. Her general health is good. She has never had any severe sickness. Temperature normal, pulse 84. Slight trouble with the kidneys at two different times, but the condition referred to existed first. I would be very glad to get some suggestions on this case thru the columns of your valuable journal. C. J. COOPER, M.D.

McGregor, Texas.

[Have her bathe her feet and hands twice daily in a solution of formaldehyde, one or two drams to the pint. Make the last application just before retiring, and follow it by dusting the skin with a powder composed of salicylic acid one dram, boracic acid two ounces. Both applications must be kept away from the eyes. Examine her urine carefully for albumin. Any part of the body may be treated by these methods. We believe you have nothing more than an aggravated case of hyperidrosis, and that careful and persistent use of these applications will result in a speedy cure in so far as cure is possible. It is likely that after total subsidence of the symptoms for some months after applications have been discontinued, they will gradually reappear with increasing severity; in which event you should advise the use of the preparations once or twice a week, and get perfect results.—Ed.]

Editor MEDICAL WORLD:—Please let me know thru your columns the correct medical names of white sumach root; red sumach root; and prickly ash root. I find prickly ash under two different names. The first two I can not find at all.

R. C. Prewitt, Jr., M.D.

Golden Lake, Ark.

(The U. S. P. recognizes only the fruit or berries of the *rhus glabra* in preparation of medicine; this plant is styled *rhus glabra* by the eclectics. The fruit is employed as a mordant in dyeing red colors, and

we have no doubt that this is the red sumach to which you refer. It has such local names as "upland sumach", "Pennsylvania sumach", and "smooth sumach"; but we have never learned of its being called "red sumach". The *rhus typhina*, or Virginian sumach, yields a milky fluid, from which it might possibly be called "white sumach"; it is also known as staghorn, and "vinegar plant". It is added to vinegar to increase its strength. It is used in tanning white leather. Combined with alum and green vitriol various yellow, green, and black stains and dyes are produced. King's American Dispensatory (eclectic) classifies the various species of "*Rhus*" as follows:

Rhus glabra—smooth or upland sumach.

Rhus typhina—staghorn or Virginian sumach.

Rhus copallina—dwarf or mountain sumach.

Rhus aromatica—sweet or fragrant sumach.

POISONOUS SPECIES:

Rhus Michauxii.

Rhus venenata—poison sumach—poison elder—poison dogwood.

Rhus diversiloba.

Rhus toxicodendron—poison ivy—poison oak.

The terms "white sumach" and "red sumach" are probably local, since we can not find them in any of our reference works.

Prickly ash is also known as "*Xanthoxylum*", U. S. P., and as yellow wood, angelica tree, suterberry, toothache tree, northern prickly ash, and southern prickly ash. The berries and bark of both sumach and prickly ash are all that we can find record of having been used, and no authority to which we have access mentions the use of the root.—Ed.)

Does Vaccination Prevent or Modify Whooping Cough?

Editor MEDICAL WORLD:—About seven years ago whooping cough was epidemic in this locality, scarcely a family escaping. I vaccinated a number of children who had the disease, and it was distinctly modified; and others, who were exposed to the infection, did not contract it. In one family I vaccinated three children and the mother maintains that the vaccination prevented the children from taking the whooping cough. The vaccination was not performed with any idea of preventing

or modifying the whooping cough. I have not made any further test, but the question, Does vaccination prevent or modify whooping cough? has occurred to me and I would be pleased to hear thru THE WORLD if any of its readers have had any experience that would tend to sustain my observations.

H. A. WRIGHT.

Oak Lake, Man., Canada.

Current Medical Thought.

Points in Medicine.

Pus, blood, or mucus will often give a beautiful "albumin" reaction in urinary examinations. Moral: filter always, before making test.

Attacks of asthma are often aborted by provoking nausea rapidly; ipecacuanha, apomorphin, or in the case of non-smokers, tobacco may be used.

In severe rheumatism, control the attack early; or prepare for cardiac complications.

Charcoal, two parts; bismuth subnitrate, one part, and magnesium carbonate, one part, will relieve gastric pain due to acidity or the presence of excessive quantities of gas.

The individual or family history of syphilis is so very important an element in diagnosis and prognosis that it should never be forgotten; the leading question often brings an equivocal or false statement, but careful inquiry will reveal the former existence of syphilitic lesions if they have occurred.

Other remedies than the salicylates are to be preferred in the treatment of rheumatism in children. Alkalies, diuretics, laxatives, and special attention to dietetics will often work wonders.

The doctor who cares for his own horses cannot easily have ideal hands for the sick room; but he cannot be excused if he attempt obstetrics or surgery until he is certain that he has rendered them thoroly aseptic.

It is desirable that even the humblest country doctor should have the services of a "stable boy." Besides the positive danger of infection of patients from the contact of the physician with the horse, there is that indescribable odor which is always present after contact with horse or harness. This odor is offensive to most

people when well, and doubly so when ill; combine it with the common accompaniment of the smell of horse manure, and you have a combination which is repulsive and nauseating. Avoid it by employing a hostler and wearing gloves whenever you leave your office.

The temporary stomachic derangement occurring with many women during the menstrual period is explained by Elsner in Archiv. f. Verdauenskrankheiten, as due to hyperchlorrhidia brought about by reflex action or by the direct extension of the pelvic congestion to the region of the stomach. In case of severe menorrhagia, a lessening of the amount of stomachic juices and a reduction in the acidity takes place. This theory may be easily tested by the indicated medication administered as soon as the prodromata of the flow appear. Much inconvenience and suffering might thus be avoided.

A U. S. A. surgeon, just returned from the Philippines, who had himself suffered with pernicious malarial fever, tells us that no reliance can be placed on any drug except quinin. He took 80 grains a day for a considerable period. After either amebic dysentery or severe malarial fever, he finds it necessary to have his patients take a voyage to the United States, as recuperation seems impossible in that climate.

Points in Obstetrics.

Hammamelis is valuable in the varicose veins and hemorrhoids of pregnancy. Use locally and internally to full limit.

In threatened mastitis, use every effort to abort the abscess, both for cosmetic reasons, and because a breast is never again so good a milk producer after it has once healed. Internally: give calcium sulfid, saline laxatives, and belladonna. Locally: apply belladonna, tincture of opium and lead water, and alternate this with tincture of opium one ounce to $\frac{1}{2}$ pint of sweet oil, applied hot and rubbed in well with gentle massage. Keep the breast under firm pressure at all times except when making applications. If pus form, evacuate promptly at lower part of gland; use an anesthetic so that all pus pockets may be searched out and thoroly drained.

Never rupture the membranes in a primipara; and never rupture them in a multipara till the second stage is well advanced.

Hirst prefers ether to chloroform in

labor, except in the presence of eclamptic symptoms.

Fifteen grains of chloral by the rectum, repeated once or twice, will mollify the early stages of labor.

It is good practise to give a dram of fluid extract of ergot as soon as the child is delivered. Before the ergot has had time to act the placenta will have been expelled or delivered, and danger of post-partum hemorrhage is averted.

While oxalic acid is one of the best emenagoges, one must beware of using it in pregnancy, since it is a powerful oxytoxic and may easily induce abortion.

Never use the forceps in a normal labor till the head has been stationary for two hours. Never use them for no better excuse than to hasten the labor.

If the fetal vessels cease to beat for 10 minutes previous to delivery, it may be certain that the child is dead.

If a woman dies suddenly in full term labor, extract the child immediately by version or cesarian section.

Scale pepsin added to quinin will prevent vomiting, when given during labor in the enormous doses necessary to get the effect on the uterus.

Points in Surgery.

Sprains are treated satisfactorily and are rapidly cured by massage with a roller connected so as to furnish static electricity.

In incised wounds about the angles of eyes and mouth it is often better to use adhesive plaster instead of stitching; the constant motion is apt to irritate the parts or tear out the stitches.

It is good practise in all surgical cases to eliminate bacterial and metabolic products by increasing the secretion and excretion of the kidneys, intestins, and skin.

When the steam bath is indicated in country practise, it is easily and satisfactorily given by boiling a dozen or more ears of corn, taking them from the water while boiling, wrapping in cloths moistened in hot water, and packing them as close to the patient as possible. Keep him closely covered, and a few moments will bring the most profuse perspiration you ever saw.

Under certain condition and in certain localities pus sinuses and fistulas may be

healed by thoro antiseptic washing, followed by packing the sinus with good drainage material, and binding the parts so that the walls of the sinus are held in close apposition. The gauze is shortened from time to time as the granulations coalesce behind. This method is most suitably applicable to recent cases, but is occasionally successful in even inveterate cases.

In tetanus of quick incubation, with known lesion, the antitoxin treatment yields the best results; in cases of unknown incubation without discoverable lesion, the antispasmodic treatment is best.

Both the A, C, E, and the Schleich mixtures are dangerous anesthetics in the hands of those without extended experience. It is better for the ordinary practitioner to stick to his old favorites until some more certain knowledge is obtained regarding the limitations of the newer anesthetics.

In case of a severely bleeding vessel, do not waste too much time in trying to ligate. Compress with fingers, packing, bandage or tourniquet till assistance arrives. It matters not whether the vessel be vein or artery.

In the selection of a styptic, use only one which will hasten or assist the natural processes of healing. Alum is the least objectionable of the chemical astringents; it may be applied in warm solution on any kind of aseptic compress. As it cools under pressure, it deposits aseptic crystals about the vascular orifices.

The actual cautery, with the patient anesthetized, is the most certain and powerful of all styptics. The charred surface is antiseptic, and the separating eschar leaves a healthy granulating surface.

What the Authorities Say About the Treatment of Malaria.

In view of the reiterated laudation of quinin in malarial fevers, and the extravagant claims made for its newer rival—methylen blue—we append notes from the latest and best text-books on medicine without editorial comment.

Eichhorst, *Practice of Medicine*, March, 1901, W. B. Saunders & Co., Philadelphia and London, states: "In the treatment of malarial fever quinin has proved a reliable specific, and it is superfluous to seek

for substitutes. Quinin destroys the malarial plasmodia. In cases of intermittent fever it is sufficient to administer 15 grains of the hydrochlorat three hours before the chill. Occasionally the dose must be doubled, so that two doses of 15 grains are taken at an interval of half an hour. Frequently the febril paroxysm fails to recur after the first administration of quinin, altho it is well to continue the quinin on the following days for about a week. For the relief of the anemia, arsenic and iron may be subsequently prescribed. Methylen blue has also been reported as being still more destructiv to the malarial plasmodia than quinin, and it has therefore been recommended in the place of the latter ($1\frac{1}{2}$ grains every two hours). Quinin and arsenic are also the most efficient remedies for larval intermittent fever. The pernicious, comatose, continued, and remittent malarial fevers require prompt and vigorous dosage with quinin if the threatened dangers are to be averted."

Thompson, *Practical Medicin*, Lea Bros. & Co., 1900, says: "Quinin furnishes the best illustration of the action of a true specific remedy known to therapeutics, and I am inclined to agree with the statement made by many recent writers that fevers which do not yield to it are not malarial. There have been many substitutes for quinin suggested for malaria, such as Warburg's tincture, salicin, eucalyptol, ammonium chlorid, etc.; but as stated, quinin, if properly given, fails so rarely, except in extreme pernicious cases, that it should be tried in every case before all other remedies."

Medical Treatment of Diseases and Symptoms, Tirard, Thornton, Lea Bros. & Co., 1900, says: "Quinin must certainly be administered during the intervals between separat attacks of intermittent fever. Numerous other remedies have been advocated as substitutes for quinin, and their recommendation has, perhaps, been partly due to the former high price of this drug. Methylen blue has been recommended in cases of malaria where quinin had proved useless, or where there was intolerance of quinin. Cardamatis has used it with apparent success in a large number of cases. In some of his cases he has found it advisable to use both methylene blue and quinin, but in the large majority he employed methylene blue alone. According to his account, the drawbacks include staining of the tongue and lips,

and sometimes a slight amount of cystitis. He considers that patients are not only cured of existing malaria, but that they are also rendered immune, so that they may continue to reside in malarial districts with but little danger of subsequent attacks. The daily dose is from 10 to 12 grains for adults, and the drug is to be administered in intermittent fever some ten hours before the beginning of the paroxysm." [Cystitis may be avoided or ameliorated by the simultaneous administration of oil of myristaca in 1 or 2 drop doses. We never institute treatment by more than a 2 grain dose of the methylene blue, and increase as tolerance is noted.—Ed.]

Merck's *Archivs*, February, 1900, prints a report by Smithwick, who says: "In fifty cases of malaria, all did well on methylene blue. Methylen blue is a perfect succedaneum for quinin. It is the remedy to use in malaria with hematuria, as it acts in a twofold manner. It is the remedy to give in malaria occurring during pregnancy, as it has no oxytoxic effect and causes a freer action of the kidneys."

Tyson, *Practice of Medicin*, P. Blakiston's Son & Co., 1900, says: "In intermittent fever the treatment is preeminently by quinin. The pernicious malarial fevers are treated by quinin. Quinin should not be omitted in the chronic form. Had I hemoglobinuria in malaria I should prefer to be treated by quinin."

Virginia State Board of Medical Examiners— Fall Meeting, 1900.

SECTION ON MATERIA MEDICA.

Dr. W. B. Robinson, Tappahannock, Examiner.

1. (a) Give the physiological action of the mineral acids. (b) What is the liquor ferri subsulphatis? (c) By what channels is iron eliminated?
2. (a) Give the physiological effects of phosphorus in toxic doses. (b) Give the preparations of potassium. (c) Point out the effect of these salts on the reaction of the urin and the differences in result due to the period of administration.
3. (a) Give the physiological effects of digitalis on the heart. (b) What is atropia? (c) Give physiological action of hyoscyamus.
4. Give dose of the following medicines: 1—Acidum muriaticum dilutum. 2—Tinctura ferri chloridi. 3—Syrupus calcii lacto phosphatis. 4—Potassii bromidum. 5—Tinctura belladonnae. 6—Extractum hyoscyami fluidum. 7—Extractum cannabis indicæ. 8—Extractum gelsemi fluidum. 9—Extractum veratri viridis fluidum.
5. (a) Explain how the physiological effects of morphin and atropin when administered together are modified by the reciprocal influence exerted upon each other. (b) Give the antagonists and incompatibles with aconite. (c) Give the synergists to cinchona.

SECTION OF PRACTICE OF MEDICIN.

[Dr. E. T. Brady, Chairman and Regular Examiner.

Dr. E. C. Williams, Homeopathic Examiner.

1. Describe an epileptic seizure. Differentiate it from— (a) A uremic convulsion. (b) An apoplectic convulsion. (c) Hysterical convulsion.

2. Give causes, prognosis, and treatment of chorea.
3. (a) Name and describe the appearance of the three most common varieties of intestinal worms. (b) What clinical symptoms indicate their presence? (c) Give treatment for two varieties.

4. Define the following terms: (a) Aphasia. (b) Pyemia. (c) Leucocythemia. (d) Cheyne-Stokes respiration. (e) Hematuria.

5. Give causes, symptoms, and treatment of arthritis deformans, or rheumatoid arthritis.

6. What are urinary tube-casts? Describe the common varieties. What clinical significance attaches to their presence?

Answer all questions in regular order. Number each answer. Make your meaning clear, but do so as concisely as possible. Write out and sign your pledge.

SECTION ON CHEMISTRY.

Dr. O. C. Wright, Jarratt's, Va., Examiner.

1. (a) What is matter, and in what three different conditions does it exist? (b) Give the characteristic properties of each condition. (c) What are crystals, and what are amorphous, dimorphous and polymorphous substances?

2. (a) How does carbon occur in nature? (b) How many different allotropic modifications of carbon exist? Give example of each. (c) Give physical properties of carbon dioxide, and tell how it is formed.

3. (a) Write the chemical formula for nitrate of silver. (b) How is nitrate of silver made? (c) What is the chemical antidote for nitrate of silver? Show by chemical equations what reaction takes place.

4. (a) Give the chemical formula and physical properties of mercurous chloride. (b) Of mercuric chloride. (c) Of mercurous iodide.

5. (a) What is organic chemistry? (b) What elements do organic compounds contain? (c) Give their general properties.

6. (a) What are alcohols, and how are they found in nature? (b) What are aldehyds, and how are they formed? (c) What are ethers?

7. (a) Mention the principal points to be considered in the analysis of uria. (b) Describe the murexid test. (c) Give a reliable test for blood in uria.

8. (a) Describe the diazo-reaction. (b) In what disease is it of diagnostic and prognostic importance? (c) Is the reaction ever present in any other diseases?

Answer only six of the above blocks including the seventh. Pledge.

SECTION ON PHYSIOLOGY.

Dr. Robert C. Randolph, Boyce, Va., Examiner.

1. (a) Define metabolism. (b) What products result from the changes that take place in the liver cells during life? (c) Give physical characteristics and functions of bile.

2. (a) What are the physical characteristics of normal uria and what amount does the average male secrete in 24 hours? (b) What is the per cent. of solids in normal uria, and what are the chief organic constituents? (c) What are the most important abnormal constituents in uria?

3. (a) What is meant by the terms tidal, complementary, reserve and residual air? (b) What are the points of difference between expired and inspired air? (c) What changes does the blood in the pulmonary artery undergo in its passage thru the lungs?

4. (a) Upon what does the force and frequency of the contractions of the heart depend? (b) What events correspond in point of time with the first sound of the heart? (c) Which are the three most important intrinsic cardiac ganglia?

5. (a) Name the centers found in the spinal cord. (b) What would be the effect upon respiration of cutting the vagus upon one side? (c) Locate the respiratory center.

6. (a) What bodies give fibers to form the optic tract? (b) What are the two branches of the 8th cranial nerve, and what are the functions of each? (c) What is the function of the 11th cranial nerve?

SECTION ON HISTOLOGY, PATHOLOGY AND BACTERIOLOGY.

R. M. Slaughter, M.D., Theological Seminary, Examiner.

1. (a) Give the histological classification of the following tissues: bone, muscle, free surface of mucous membrane, and the lining of serous cavities. (b) Describe the two modes of termination of nerve fibers.

2. (a) Are bacteria classed as flora, or fauna? (b) Name the three general groups of bacteria as based on morphological characteristics. (c) Define the terms chromogenic, zymogenic, and pathogenic as applied to bacteria. (d) Describe the streptococcus pyogenes (i. e., give its morphology and pathogenicity).

3. Describe the microscopic characteristics of millary tubercle.

4. (a) What tissues are most commonly affected with fibrinous inflammation? (b) Mention a typical example of fibrinous inflammation. (c) In the stage of "red hepatiza-

tion," what is the character (physical) of the exudate, and of what elements is it composed?

5. (a) Name the connective tissue tumors. (b) Which are malignant and which benign? (c) What are leiomyomata, and in what organ are these tumors generally found?

6. (a) What is acute infectious cholecystitis? (b) Give its causation and pathological anatomy.

7. (a) Give the normal proportion of leucocytes to red blood corpuscles. (b) In what diseases of the blood are the leucocytes increased in proportion? (c) What are poikilocytes, normoblasts, and megaloblasts?

8. Give the histology of a hepatic lobule. Answer six blocks, including the second.

SECTION ON ANATOMY.

W. L. Robinson, M.D., Danville, Examiner.

1. Describe the astragalus and its ligaments.

2. Describe the female bladder, its relations, anatomy, where ureters enter; follow ureters in their relations to pelvic organs, and note dangers in vaginal surgery.

3. Give origin, exit from cranium, and branches of the pneumogastric nerve.

4. Give origin, relations in its route, and branches of the facial artery.

5. Name in order the muscles of the forearm.

6. Give anatomy of the kidney.

7. Describe the diaphragm, name openings in it, and how they are formed.

SECTION ON TOXICOLOGY AND MEDICO-LEGAL JURISPRUDENCE.

R. S. Martin, M.D., Stuart, Va., Examiner.

1. (a) How would you distinguish between feigned and real insanity? (b) Define the terms dipsomania, pyromania, and kleptomania.

2. (a) What are ptomaines? In what substance would you expect to find tyrotoxin? (b) Give a reliable test for blood stains.

3. (a) In case of suspected infanticide how would you determine whether the child was alive or dead when born? (b) What organ is said to resist putrefaction the longest?

4. (a) State difference in character of the testimony of an ordinary witness and that of a medical expert. (b) How could you distinguish between wounds made before and after death?

5. (a) Give symptoms of acute poisoning by tartar emetic—the antidote, and post mortem appearances. (b) Give symptoms and treatment of opium poisoning.

SECTION ON HYGIENE.

R. W. Martin, M.D., Lynchburg, Va., Examiner.

1. (a) In making a qualitative test of water, what impurities should be sought for? (b) Give the sources of wholesome, suspicious, and dangerous water.

2. (a) What is the distinction between sewer-air and sewer-gas? (b) What gives sewer-gas its peculiar fetid smell?

3. Name the principal methods of physical training, and tell how systematic training (physical) affects health and longevity.

4. (a) What is the duty of the State to persons imprisoned on account of crime? (b) What diseases are most frequent among prisoners?

5. (a) What are the advantages of calf-vaccine over humanized lymph? (b) State emphatically the best methods of arresting an outbreak of small pox?

SECTION ON OBSTETRICS.

Dr. H. M. Nash, Norfolk, Chairman; Dr. C. W. Rodgers, Staunton, and Dr. M. R. Allen (Homeopath) Examiners.

1. At what period does retroversion of the pregnant uterus usually occur? The symptoms, prognosis and treatment in both the uncomplicated and complicated varieties.

2. Give the symptoms and prophylaxis of threatened abortion.

3. Define placenta previa, giving its treatment.

4. Etiology and treatment of puerperal eclampsia, referring to the latest views as to causation.

5. Give the indications of versions, cephalic and podalic. How performed.

SECTION ON GYNECOLOGY.

Dr. C. W. Rodgers, Staunton, and Dr. M. R. Allen (Homeopath), Norfolk, Examiners.

1. Describe the bimanual examination of the pelvic organs, noting the abnormal conditions it may elucidate.

2. Describe Trendelenberg's position, giving its advantages in abdominal and pelvic operations.

3. Define menorrhagia and metrorrhagia, giving the causes and treatment of these conditions.

4. Name the affections causing hemorrhage after the menopause, giving the prognosis in each case.
5. Name the various organs and tissues that may be involved in an attack of *pelvic inflammation*; giving their relative importance and possible terminations.

SECTION ON SURGERY.

Dr. Sam'l Lile, Lynchburg, Va., and Dr. M. R. Allen (Homeopath), Norfolk, Va., Examiners.

1. Name the different forms or classes of gangrene, and give causes of each.
2. Give definition, symptoms, prognosis, prophylaxis and treatment of shock.
3. (a) Differentiate chancre and chancroid, and give treatment of both.
- (b) Differentiate syphilitic and tubercular osseous lesions.
4. Define lipoma, fibroma, osteoma, myoma, papilloma, adenoma, sarcoma and carcinoma, and classify as to malignancy.
5. Give causes and differential diagnosis of concussion and compression.
6. Give causes, symptoms and treatment of cystitis.
7. Define phimosis, paraphimosis, orchitis, mastitis and saplingitis.
8. When is resection of elbow indicated? and describe the operation.

SECTION ON THERAPEUTICS,

Dr. J. E. Warriner, Brook Hill, Va., Examiner.

Answer any four blocks.

- Block 1.** (a) What are the chief uses of water internally, and how much should be taken in twenty four hours?
- (b) Name three drugs excreted by the mammary gland, and which may affect the nursing infant?
- (c) Give chief foods derived from milk, and state if milk is a complete economic food for adults; and why?
- (d) What conditions regulate the necessary amount of food?

- Block 2.** (a) Give synonyms of nitroglycerin, and state why it and amyl nitrite are useful in angina pectoris.
- (b) At what stage of cardiac lesions is digitalis useful; and why?

- (c) What are some conditions requiring food by rectum?
- (d) Give full instructions for use of nutrient enemata.
- Block 3.** (a) Give the chemical antidote for the following: Strychnin, opium, corrosiv sublimate, arsenic, nitrate of silver, digitalis, acetate of lead and carbolic acid.
- (b) Define the following, and give example of each with the dose: Emetic, hydragog purgativ, diuretic, diaphoretic, anaphrodisiac.

- (c) Give dose of comp. syr. squill, and name its most active ingredient.
- (d) Classify aspidium, podophyllin, salol, nitrous ether, aconite.

- Block 4.** (a) What should be the location, and why, of veritics, in the treatment of diseases of the eye, of pleurodynia, of abdominal neuralgia?

- (b) What are the therapeutic indications in the treatment of burns?

- (c) What is normal saline solution, and what are its therapeutic uses?

- (d) What therapeutic measures are useful in general anasarca?

- Block 5.** (a) Give therapy of arsenic.
- (b) In what stage of skin diseases should arsenic be given?

- (c) Is it safer to use locally, a weak or strong preparation of arsenic; and why?

- (d) Name the medicinal and dietetic agents to be avoided in chronic diseases of the skin.

SECTION ON THERAPEUTICS.

Homeopathic Questions.

Dr. E. C. Williams (Homeopath), Examiner, Hot Springs, Va.

Answer four blocks only.

1. (a) Differentiate between belladonna and mercurius biniodid in a case of tonsillitis.

- (b) Give the principal uses of baptisia.
- (c) Give indications for the use of calcarea carbonica in menorrhagia.

- (d) Mention five remedies of especial use in lithemia.

2. (a) Give indications for the use of lachesis in ulcers.

- (b) Differentiate between apis and rhus in erysipelas.

- (c) Give the principal uses of creosote.

- (d) Give the treatment of a case of arsenic poisoning.

3. (a) Differentiate between ipecac and veratrum album in a case of cholera infantum.

- (b) Give the indications for arsenicum in acute nephritis.

- (c) What are the principal uses of conium, and to whom is it especially adapted?

- (d) Mention four remedies of especial use in pleurodynia.

4. (a) What are the principal uses of liliun tigrinum and of magnesia carbonica?

- (b) Mention four remedies of especial use in pustular eruptions.

- (c) Differentiate between sepia and pulsatilla in a case of leucorrhœa.

- (d) Give the indications for the use of chelidonium in jaundice.

5. (a) Give the principal uses of apocynum and of phyto-lacca.

- (b) Mention two remedies of especial use in varicose conditions, and give indications for each.

- (c) In a case of whooping cough, what symptoms would cause you to give belladonna and what ipecac?

- (d) Give the indications for colocynth in sciatica.

SECTION ON MATERIA MEDICA.

Homeopathic Questions.

Dr. E. C. Williams (Homeopath), Examiner, Hot Springs, Va.

Answer four blocks only.

1. (a) Give (1) the mental symptoms of ignatia, and (2) differentiate them from those of pulsatilla.

- (b) Give four characteristics of iodium.

2. (a) Give the physiological action of digitalis.

- (b) Describe the stools of rheum and of silica.

3. (a) What is the principal indication for the use of (1) cantharis, (2) apis, (3) antimonium crudum, (4) allium cepa and (5) collusonia?

- (b) Differentiate the morning diarrheas of (1) aloes, (2) natrum sulphuricum, (3) podophyllum, and (4) sulfur.

4. (a) Give the physiological action of aconite.

- (b) Give (1) the eye symptoms of euphrasia, (2) the heart symptoms of convallaris, (3) the laryngeal symptoms of causticum, and (4) the urinary symptoms of berberis.

5. (a) Describe a case of phosphorus poisoning.

- (b) Give five leading characteristics of (1) nux vomica and (2) sulfur.

The Therapy of By-Issues in Phthisis from Dr. May's Recent Work.

The following "measures which meet special indications" in the treatment of consumption are given by Dr. Thomas J. Mays in his recently published work on "Consumption, Pneumonia, and their Allies":

"Persistent dyspepsia is often relieved by suitable special medication. If this depends on too much gastric acidity, as is frequently evidenced by sour eructations, it will be alleviated by administering an alkali like liquor ammonia acetatis in combination with tinctures of quassia, gentian, or serpentaria, an ounce of the former to three ounces of the latter. The addition of one drop of the fluid extract of xanthoxylum to each dose will enhance its efficacy. Sometimes equal parts of the tinctures of gentian, columbo, cinchona compound, and hydrastis canadensis, in teaspoonful doses, before meals, will have a good effect. A grain of hydrastin hydrochlorate is sometimes followed by good results, especially if there exists torpidity of the liver. The combination of acids with the tincture of the chlorid of iron is an excellent tonic when acids are indicated, and when marked anemia is present. If pain exists in the gastric region, the application of a mustard plaster, once or twice a day, over the area is beneficial.

"If sleep can not be procured in any other way, narcotics must be administered, and of all these, morphin and codein are preferable. A ten grain suppository of

asafetida at bedtime is frequently employed by the author with good effects.

"So soon as the bowels become rebellious, no solid food is to be allowed except thoroly dried toast, but liberal quantities of liquid diet like beef juice, milk, boiled, as well as peptonized, are to be given. The bowels should be flusht out with large quantities of water every day or two. If necessary one grain doses of powdered opium must be administered, two or three times a day, by the mouth. Or, what is better, the application of a mustard plaster over the whole abdomen, morning and evening.

"If the cough depends on laryngeal embarrassment, the inhalation of watery vapor, impregnated with the compound tincture of benzoin, or the inhalation of the fumes of gum-camphor, or of five or ten drops of chloroform from a handkerchief, or the spraying of the larynx with a solution of cocain hydrochlorate, fifteen to twenty grains to an ounce of water, are very useful methods for allaying laryngeal irritability. Lozenges containing cocain hydrochlorate, sugar, licorice powder and powdered acacia, and allowed to dissolve slowly in the mouth, also have a soothing effect.

"Cayenne pepper ranks very high as a stimulant in the cough of phthisis. When phthisis follows the excessiv use of alcohol it is of special value, but under these circumstances it must be given in very large doses, diluted with water. In ordinary cases of cough the tincture is to be given in doses of two to fifteen drops, four times a day, while in that of alcoholic phthisis the author has seen doses of from half to a teaspoonful, given at the same intervals, do a great deal of good. The powder may be used in doses of one-eighth to one grain, four times a day, in ordinary cases. Cough may be excited by congestion or inflammation of the pharyngeal mucous membrane, and by the elongation of the uvula to such an extent that it touches the base of the tongue. Astringent gargles of tannic acid, sugar of lead, or the spraying of the pharynx with Dobell's solution, or with a weak solution of cocain, or the excision of the uvula are the local measures which must be resorted to.

"Night sweats should always be checked if possible. A very effective measure for the suppression of this drain is sponging the body with dilute aromatic sulfuric

acid, quinin and water, in accordance with the following formula:

R

Quinin sulfate $\frac{1}{2}$ oz.
Aromatic sulfuric acid 4 fl. dr.
Cologne water 6 ozs.

Sig.—Sponge the whole body morning and evening.

"Another useful antihydrotic is oxid of zinc, given in a capsule in five grain doses at night. Atropin in $\frac{1}{16}$ grain, and picrotoxin in $\frac{1}{16}$ grain doses, are sometimes found of benefit. Another method, which is based on the principle that the sweats are due to exhaustion, is to feed the patient after midnight with fresh beef juice, milk, malted milk, eggnog, or soup. This should always be tried.

"Irritable heart is an annoying symptom not always readily subdued. Digitalis, strophanthus, and caffein may be given, but the best measure found by the author is the application of an ice bag directly over the heart, which is kept there from morning to evening.

"Dyspnea frequently is a distressing symptom of phthisis, especially in the fibroid variety. Nitroglycerin has been found efficacious. When the dyspnea is very persistent and stubborn, and interferes with sleep, a hypodermic of a quarter of a grain of morphin is very serviceable in relieving it."

Cinnamic Acid for Tuberculosis.

Professor Landerer, of Stuttgart, has published a volume of 300 pages, in which he gives his methods and results in treatment of phthisis with cinnamic acid. His experiments have extended over fifteen years, and have been employed in 240 cases in the sanatorium at Leysin. He believes that cinnamic acid produces an intense phagocytosis, and causes a sclerotic condition of the tissues in the neighborhood of the morbid process, thereby circumscribing it, and that the acid always exercises a germicidal influence upon the bacillus. He has used the cinnamate of sodium in the form of a solution or an emulsion. The strength of the solution varies from 1 to 5 per cent. and the reaction is made neutral or strongly alkaline. The solution before it is employed is filtered, and sterilized by boiling for five minutes. The formula used is as follows:

Finely powdered cinnamic acid, grains 7
Oil of sweet almonds.....minims 150
Yolk of an egg.....1
Saline solution, 7 per 1,000, enuf
to make ounces 34

This preparation is introduced into the body by intravenous or intramuscular injections. Landerer claims to have had the following results: In 110 cases of pulmonary consumption of different degrees there were fifty-seven cures, twenty-six improvements, five unsuccessful cases, and twenty-two deaths. In seventy-two patients suffering from tubercular arthritis, there were fifty-nine cures, eight improvements, two unsuccessful cases, and three deaths. In eighteen cases of glandular tuberculosis, he had seventeen cures and one improvement. In twenty cases suffering from peritoneal tuberculosis, there were sixteen cures, two deaths, and two patients in whom no change was noticed. In five cases of urinary tuberculosis, there were three cures and two deaths. In three cases of tuberculosis of the testicle, one cure. He therefore concludes that his method of treatment is really specific to a great extent.—*International Medical Annual*, 1901.

Danger to Laity.

DOCTORS REPUDIATE PROFESSOR ATWATER'S THEORY OF FOOD VALUE FOR ALCOHOL.

Testimony That the Text-Books Are Accurate.

The American Medical Association has just held its annual meeting in St. Paul, Minn. During its sessions, the American Medical Temperance Association composed of eminent physicians and teachers in medical colleges members of the American Medical Association, always holds one or more meetings for the special purpose of promoting scientific study and investigation into the action of alcohol in health and disease. The meeting this year shows a great advance in the scientific study of alcohol and its action on the body. In the ten years of its existence its membership has grown to over two hundred, and the number of papers and discussions all of a scientific and technical character are increasing, so that literally this is the most authoritative organization studying the alcoholic question in this country. Of the ten papers read at the St. Paul meeting, three of them discuss Professor Atwater's experiments and conclusions, then pass the following resolutions as the unanimous opinion of the Association:

"WHEREAS, the American Medical Temperance Association, the members of which are physicians and medical teachers who have devoted years to the study of alcohol and its effects, and who are conversant with the work done by scientific men the world over to determine the effects of alcohol when given in any quantity, have noted the teaching of Professor W. O. Atwater, of Wesleyan University, upon the food and medical value of alcohol as set forth by him in the pages of the influential lay press, be it

"Resolved, That this Association utterly repudiates the pro-alcoholic doctrine of the said Professor W. O. Atwater as being contrary to the evidence deduced by scientific experimentation, and that his conclusions are unwarranted by the evidence resulting from his own experiments. Be it further

"Resolved, That this Association regards the teaching of Professor W. O. Atwater as erroneous, and a source of danger to the laity inasmuch as such teaching contributes towards the increased consumption of alcoholic beverages by giving supposed reason for their safe use." Signed

N. S. Davis, M.D., President, Chicago, Ill.

T. D. Crothers, M.D., Secretary, Hartford, Conn.

Two other papers pointed out the evils from the use of cigars and tobacco on neurotics and young persons. One paper critically reviewed the school-book teachings on alcohol, sustaining their claim to scientific accuracy in nearly all the books used.

The address of both the President and Vice-president described the folly of efforts to check disease and degeneracy by ignoring alcohol as one of the active causes, also the conflict of experience with theory and tradition. The

other papers read discuss the causes of the popularity of alcohol as a beverage, and its danger in high altitudes; also the substitutes for its use in medicine.

The value and reliability of these papers is evident from the fact that eight of the ten authors are active or emeritus professors in medical colleges. Four of them are medical journalists, two of whom are in active practice.

"THE WORLD is worth six times its price. Long may it thrive and continue to do good."—H. W. Rencher, M.D., Scooba, Miss.

New Books.

A System of Physiologic Therapeutics. A practical exposition of the methods, other than drug giving, useful in the treatment of the sick. Edited by Solomon Solis Cohen, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at the Jefferson Medical College, etc. Published by P. Blakiston's Son & Co., Philadelphia, Pa. In eleven volumes. Price, \$22.00 net.

This system is unique in American medical literature, but has the intrinsic merit to be the peer of any competitor. The eleven volumes cover the ground of legitimate treatment outside drug giving; and no judicious physician can afford to ignore the instruction and hints given in this system. The matters taken up are those of which the average physician has the least opportunity of gaining knowledge, since they are neglected by medical schools, medical journals, and by physicians of note, alike. There is a mine of knowledge of healing power plainly elucidated in this system. Each volume covers the subject treated in a thorough manner, without requiring reference to the balance of the series. The writers are by no means confined to the United States; all the foreign authors of eminence along such lines have been conscripted. The system will be uniform in size, type, color of binding, and general mechanical excellence. With the blue cloth-binding and handsome gold titles, the system will grace any library, however pretentious; while it will head the more modest libraries of the country physician with encyclopedic knowledge of extra medicinal resources in the healing art. Illustrations are used, but no money has been expended senselessly; you find the illustrations plain and satisfactory, but a little rough. Such a system illustrated by artists would have cost \$100.00. We admire the plan; we commend the execution; we are convinced of its value to the general practitioner; we congratulate editor and publisher upon the two volumes which have now appeared. We have not often had the opportunity of reviewing the first volumes of any system which we have deemed worthy of such hearty commendation as we accord this issue. The two volumes issued support our opinion; the prospectus covering the ground of the volumes to be issued convince us that every doctor should have this entire system. Let the practitioner study his works on therapeutics, and before prescribing drugs, read his references in this system. Vols. I and II take up Electrotherapy; Vols. III and IV will deal with Climatology and Health Resorts; Vol. V will consider Prophylaxis and Hygiene; Vol. VI will cover Alimentary Therapeutics; Vol. VII considers

Mechanotherapy; Vol. VIII treats upon **Mental Therapeutics, Rest and Suggestion**; Vol. IX covers the ground of **Hydrotherapy, Thermotherapy, and Baths**; Vol. X handles **Pneumotherapy and Inhalation**; Vol. XI will consider **Serotherapy, Organotherapy, Blood-letting, etc.**, with a digest and index which will complete the system. We assure our readers that the practitioner who seeks knowledge outside drug giving will find no better work or system. Only the complete set is sold, owing to the extremely low price at which the system is offered. The first two volumes are now ready, and the others will be sent to subscribers as soon as ready. We will review each briefly as it appears. This system will be a necessity to every well appointed library.—A. L. R.

Practical surgery: A work for the general practitioner. By Nicholas Senn, M.D., Ph.D., LL.D., Professor of Surgery, Rush Medical College, Chicago. Handsome octavo volume of 1138 pages, with 650 illustrations, many in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$6.00 net.

This is Dr. Senn's greatest work. It represents the practical operative experience of the author for the last twenty-five years. Familiar with the needs of the general practitioner as a surgeon, the author has aimed to simplify and lighten his often trying work by a full discussion of those subjects that come within the legitimate sphere of the daily routine work of every practising physician. Special attention is paid to emergency surgery. Shock, hemorrhage and wound treatment are fully considered.

The section on **Military Surgery** is based on the author's experience as chief of the operating staff in the field during the Spanish-American War, and on his observations during the Greco-Turkish War. **Intestinal Surgery** is given a prominent place, and the consideration of this subject is the result of the clinical experience of the author as surgeon and teacher of surgery for a quarter of a century.

Over 300 pages are devoted to fractures and dislocations. Field surgery is, at times, not unlike country surgery; and Dr. Senn appreciates what operating with deficient equipment and with ill-trained assistants means. He knows what the general practitioner needs, and treats fully on such topics, while he gives little space to such operations as no ordinary surgeon would ever tackle except in direst need. The treatment of wounded arteries by antiseptic compresses will be found interesting to the practitioner who has been taught to suture every wound of arteries. **Anesthesia** has 42 pages. Numerous valuable cuts from x-ray work illustrate various diseases, accidents, and bone injuries. This is one of the best books on surgery for the general practitioner which has appeared; it does not attempt to be an encyclopedia on surgery, but only aims to touch upon the more common and simple, and emergency surgical work.—A. L. R.

A Text-Book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, \$6.00 net.

The Germans lead the world in internal medi-

cin, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authorities of the world. The book is a new one, but on its publication it sprang into immediate popularity. It is practically a condensed edition of the author's great work on **Special Pathology and Therapeutics**, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practising physician. The fullest and most careful consideration has been given to treatment, and prescriptions are numerous and well selected; this feature will be appreciated by those who can buy but few books. The cuts are few, and the execution poor; but each makes plain what is to be illustrated, and when one buys a work on practice he is not hunting a picture book. The size of each volume is convenient. The indexes are perfectly arranged. All diseases are reported up to the latest knowledge on symptomatology, pathology, and treatment. Few works on medicine have such completeness of every minute detail. It is an ideal work for practitioner or student, and will rapidly win favor with all classes of practitioners because it is complete enough for the specialist, and concise enough for the country doctor. The space devoted to various diseases has been much more judiciously arranged than in most other works. Rare and minor cases are not allowed to monopolize the main body of the work; but the every day practitioner's needs have most consideration. The mechanical execution is up to the Saunders standard, and the text could not be improved upon. It is complete without being ponderous, and exact without being redundant.—A. L. R.

SAUNDERS' MEDICAL HAND-ATLASES.

Atlas and Epitome of Obstetric Diagnosis and Treatment. By Dr. O. Shaeffer, of Heidelberg. From the Second Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 123 colored figures on 56 plates, 38 other illustrations, and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.00 net.

This book treats particularly of obstetric operations. In this new edition both text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material. This is a companion book to "Labor and Operative Obstetrics" by the same author, and we know of no work which so well illustrates the various obstetrical manipulations and conditions, as do these two. There are many cuts which have never been published before, and are of great value. Possibly an atlas on obstetrics is needed by the general practitioner above all other illustrated works; one will find no better than is shown by these two books. Either book is complete in itself; but references, and the impossibility of completely separating the various phases of the obstetrical condition, impel us to mention both. We commend both books. In fact, Saunders' Hand Atlases are nearer a post graduate course of clinics than many general practitioners can ever hope to see. This book and its companion are among the best of the series.—A. L. R.

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth \$2.00 net.

The author has added to the multitude of obstetric subjects already shown by illustration, many accurate representations of manipulations and conditions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable. The plates are superb examples of the lithographer's skill, and the plan of folding sheets of illustrations is a distinct advantage in that the various steps of an operation are seen at one time. The plates illustrating the manual extraction of the placenta, and placenta previa, are the best we have ever seen. It is a companion work to the Atlas of Obstetric Diagnosis and Treatment and many references are made to this work. With these two volumes, the practitioner may feel that he has all that illustrators can teach in the obstetric art.—A. L. R.

Atlas and Epitome of the Nervous System and its Diseases. By Professor Dr. Chr. Jakob, of Erlangen. From the Second Revised German Edition. Edited by Edward D. Fisher, M.D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.50 net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology, and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. The book is comprehensive and practical. Its illustrations are generally clear and distinct, and many of them are superb examples of art. We have never seen the brain so well and completely illustrated. The manikin plan is used in some cases to illustrate the various layers; this gives a much clearer idea than if several plates were used. While treatment is necessarily condensed, the owner of this book has a fair library on the therapeutics of the nervous system. This subject is neglected by most practitioners, and we know of no work of moderate cost on such special line so well calculated to prod a doctor to his duty.—A. L. R.

The Quarterly Journal of Inebriety issues in July a symposium of papers read before medical societies throughout the world on the physiological and pathological action of alcohol. The drug is fully considered in the light of a medicine and a beverage. Such a compilation is of interest to every physician. It may be obtained by mailing 75 cents to Dr. T. D. Crothers, Hartford, Conn.

The Northern Pacific Railroad issues an artistic pamphlet entitled "Wonderland, 1901." It has many views of historic and artistic merit. It is only in part an advertisement of their line. It is of general interest to the profession, and is well worth sending for. It is obtainable by addressing Chas. S. Fee, St. Paul, Minn., and inclosing 6 cents in stamps.

Our Monthly Talk.

I cheerfully publish the following, which opens up many interesting lines of thought. The Doctor objected to or criticized my "Monthly Talks." I answered his letter, which led to this rather lengthy, but interesting reply:

DR. C. F. TAYLOR—I have received your letter and thought to answer it with a short article, which you can read and then throw it into the waste basket, or print it in your wide-awake journal, as you please.

It seems that the gist of your theory on Economics tends to the Co-operativ System vs. Individualism.

Now I am a free thinker; and take as a basis of my thought respecting the welfare of the entire human family, the line of man's evolution from what he has been, to what he may be. What system, or what conditions apply to promoting the rise and upward movement of the whole human race? A study along this line no doubt has caused you to take up your argument against individualism. Now, while I am willing to admit that many errors grow out of any law that makes all men free and equal, I certainly think with our forefathers that it is the greatest blessing that has ever befallen to human kind. Why? It allows every man full and complete latitude for the exercise of all the powers within him; but we may expect that there will be just as great a diversity in the happiness and welfare among men under this law, as there are differences in their intellectual abilities. We cannot expect a stupid man to know or acquire as much as a more intellectual man. All men have such minds as they have, and their capabilities are held to its sphere. Give a man who never earned a dollar a fortune and he will not realize its benefits. Divide the wealth of the Nation equally among its people and how long will it be thus disseminated? Pass a law that a man shall just own so much, or do so much, and you bridle his energies; you smother his aspirations and force him below mediocrity. Suppose he does accumulate a million—it only shows his ability to rise above some others in the getting of money; every man is free to do the same; the millionaire is still a man; they have not forgotten the race to which they belong, as is witness by such men as Carnegie, Rockefeller, and a host of others. Make every man free, give him a right to throw out the tentacles of his Individualism, if you want to see the whole race rising beautifully from a lower to a higher state. It inspires him to seek an education; it inspires the parents to push their children out into the arena, where they can have a hand to hand fight with the world.

Individualism makes an Edison, a Tesla and the renowned men of all branches of science. Of course we may expect some things wrong to come up, some injustice to rest here and there; but this is only a blasted limb on the tree of progress. Justice can't be meted out on every occasion; if such was true we would have a heaven here on earth—harmony among men. This is what we are striving for, and individualism, with all the facilities of man's mind awak-

ened to its self-respect and respect to others is the channel, according to my opinion, along which the highest realms may be reached.

No, I am not an Edward Bellamy man. The Co-operative system makes everything everybody's business, and it has been proven long ago that what is everybody's business soon becomes nobody's business.

We have laws that place sufficient restriction upon the brute passion of man; to wit: Stealing, fighting and driving others to your opinion *nolens volens*; giving every man a fair chance, and the requirements of the most progressive element of the human family have made the laws, and whatever is best for that element is best for all.

That element among the human family that has the most experience; that is educated the most, is the element that should rule all below it, or direct them along the paths of least resistance.

Such is the nature of man that he requires some restriction to bridle the brute element that he has not yet risen above. Thru the exercise of his better faculties he has made laws, and established customs in society that tend to promote the exercise of the more refined and spiritual nature of all; that lead him to the declaration of the "I" within him, which is the nearest approach to the God within and God without. Therefore curtail no man's power to accumulate; do not dishearten him by giving the proceeds of his labor, his speculation, his management, to strangers instead of his children, but leave this to his faculty of benevolence. Trust him; make him free to use what he makes as he pleases, as well as to make it, and the God within him will come to the surface and proclaim to all the world the divinity of his nature.

The world is progressing, and as long as the intellect that is riding on the topmost waves continues thereon, all below will be taken care of.

Let us not go back to the primitive life of the savage for examples, nor to the wandering Arab for lessons in the distribution of our wealth. Their methods were all right for the masses with their given education then. The chief was their head; he thought for them, and led them by the nod of his head; his clansmen were slaves and not free men.

Freedom since then has come to most all civilized people of all forms of government, and with freedom, individualism. A new era, a new inspiration has come upon mankind, and it is working out the problems of life in its own way to a still higher life. A higher life to all, but never to a degree where all will possess the same fruits of wealth or intellect. The cup may be full to each, but there will continue to be differences in the size of the cups. If such should ever become the case, then progression would be at an end.

J. J. FLY.

Pulley Mills, Ill.

I had no idea that my brief reply to the Doctor's first letter would bring out such a wealth of thought and philosophy, with much of which I can heartily agree, but must differ in the main premises.

Yes, I believe in the cooperative idea as opposed

to individualism. Anarchists call themselves individualists; but Doctor Fly's individualism (anarchy) is not of the pure, unadulterated, Herr Most brand. Dr. Fly believes in individualism for the few—the powerful and wealthy; but not for the masses! I am not sure that this is an improvement over the Herr Most brand, and as to this brand I have some knowledge at first hand. I had always thought that the newspapers were too hard on the hoary Herr; that if one would hear his cause from his own lips, one might feel a sympathy for the man, even if his words should not carry conviction. I had an opportunity to hear him, and I went. I came away convinced that the newspapers were fully justified in all they had said. I staid until my wife declared that she would "not stay another minute." She said that if I did not go with her she would go home alone. I could see that she meant it (I know when she means things) so I took her home. I afterward learned that he concluded soon after we left, so I felt that I had heard him fully. He advocated absolute freedom—liberty—individualism—for all; and his condemnation of the rich and powerful who claim these things for themselves only, and who exploit the rest of humanity because they can, was the bitterest I ever heard.

Equality.

The kind of equality that our forefathers sought to establish, the kind that the Declaration of Independence advocates, is *equality before the law*. Let laws be just, and then before the bar of justice let all: rich, poor, powerful, weak, high, low, wise, and ignorant, be absolutely equal. If the laws were all that they should be, and if they were executed in this impartial way, we would have *equality of opportunity*. This is what we advocate as against anarchy for all, as per Herr Most, or "individualism" for the rich and powerful, as per Dr. Fly.

Possibly Dr. Fly may say that equality of opportunity obtained in the cases of the worthy gentlemen he mentions, and that, as is so often said, "Any or every young man could have done the same thing." Everyone familiar with the industrial history of this country knows that one of the first uses of power is to curtail or destroy equality of opportunity. This has frequently been so successful as to also destroy equality before the law. Write to Mr. C. B. Matthews, of Buffalo, N. Y., if he has had equality before the law, and equality of opportunity as an independent oil producer. Also Mr. Charles Rice, of Ohio. Read Mr. Henry D. Lloyd's remarkable book, "Wealth vs. Commonwealth" for instances of abuses of "individualism."

No. Individualism must not be allowed to run its brutal course unchecked. We must have law, for the protection of the weak from the strong; of the honest from the cunning and dishonest; of the scrupulous from the unscrupulous.

However, with equality before the law and equality of opportunity as a basis, I believe in individualism. With ample protection against injustice, superior brute strength, cunning and dishonesty, let every individual be free to use his

faculties to the very utmost, to the glory of God and the service of man. Individualism on this basis will bring forth more Edisons and Teslas than the world has yet seen, and their achievements will startle wondering eyes and bless the race; and but few if any Rockefellers or Carnegies would be brought forth. Is it not better that all should be better off, and none so abnormally rich as these gentlemen? Particularly is this true when we consider that Mr. Carnegie's attempt at an unselfish use of his millions is an exception and not the rule among millionaires.

The Doctors' Ideal.

The ideal society from a doctor's standpoint would be a comfortable home for every family, and no magnificent palaces nor miserable hovels. There is no practise so satisfactory to the doctor as that among those in comfortable circumstances. The poor cannot give the patient needed remedies, appliances and attention; and the rich—well; they go to Europe or to distinguished specialists.

There is wealth enuf in this exceptionally rich country to supply comfort for all. Just distribution is the problem. Just one law would do much toward the dissemination of abnormal accumulation of wealth. A law providing that no person should *inherit* more than one million dollars would make a Carnegie of every multi-millionaire; and would make the from-generation-to-generation accumulation of multi-millions impossible. If every multi-millionaire knew that any excess over a million to any heir would go to the United States Treasury, he would be likely to find, during his life, some worthy use for his extra millions. Possibly a law like this might, as Dr. Fly says, "bridle his energies" in the direction of adding more, more, and ever more to his millions, but it would not "smother his aspirations." It might be the means of giving him aspirations in worthier directions than mere money-getting; and his "bridled energies" would only give somebody else a chance.

Index of Treatment.

Why do you read THE MEDICAL WORLD? Emphatically, to obtain information you can use in your practise. Eagerly the pages of each issue are scanned to see what the light of others' experience may do in the way of clearing up our own difficulties. But there are two aid departments in THE WORLD. In one our brother physicians give their views, in the other people who have goods to sell tell of them. There is this to be said of the latter: Strictly commercial it may be; nevertheless, the people who are asked to buy are those who will use the goods—the judges—and mighty sharp judges, too. A man is a fool who would try to sell to doctors goods that would not do what he claimed; for the fraud would certainly be discovered, and his business with the buyers ended. In point of fact, no man can afford to recommend his wares to the medical profession unless he is quite sure they will give satisfaction.

Now, what is the greatest obstacle to the introduction of a good thing to physicians? It is the difficulty in getting them to read the adver-

tisements. Publishers are at their wits' end to devise means of getting readers to look at the advertisement pages; and numberless devices have been tried to fulfil this need. But the difficulty is in the fact that if the device is in the advertisement pages it is never seen; and no publisher likes to allow matter relating to advertising to occupy space in the reading pages.

Some years ago THE WORLD published an Index of Diseases, taking them up alphabetically and giving for each a choice selection of prescriptions. This was a useful and popular measure, and many new readers dated their subscriptions back in order to secure the whole of the Index.

Now it has occurred to us that we might adopt an Index of Diseases as treated by the articles advertised in THE WORLD. We will not ask you to read all our advertising pages, because we know you will not do it, even to oblige us. But we present you this Index and suggest that if you need aid in treating any malady, you turn to the Index and see if any of the advertisers have sought to offer for the good of the order in that line. If you find it, turn to the advertisement and see what is said; and if the offer seems worth considering, write for particulars. Without desiring to direct attention to one more than another, suppose the doctor is worried over a case of dysmenorrhea. He turns to the Index and finds four remedies urged for this ailment. He reads the four advertisements, concludes that one of the remedies may suit his case, and writes for further information. The result probably is that he secures a new and better remedy, the advertiser gets a new customer, and THE WORLD has again fulfilled its mission of aiding the doctor to do better work.

Abdomen, Pendulous.—Flavell's supporter, Dirigo supporter, Empire supporter.

Ague.—Dad's quinin pills, euquinine.

Amenorrhea.—Aletris cordial, ergoapiol, Pomm Pharm. Co's emmenagogue.

Anemia.—Hemo-gallol, Bovinine Levico Spa, Welch's grape juice, Armour's soluble beef.

Anorexia.—Orexine.

Ataxia.—Testex.

Autotoxemia.—Abbott's saline laxative, W-A intestinal antiseptic.

Backache.—The Genesee road cart.

Bladder, Irritable.—Sanmetto.

Blood Impurities.—Elixir six iodides.

Books.—P. Blakiston's Son & Co., W. B. Saunders & Co.

Bronchitis.—Antiphlogistine.

Buboes.—Antiphlogistine.

Burns.—Unguentine, antiphlogistine.

Catarrhs.—Glyco-thymoline.

Chancre.—Airol.

Chlorosis.—Levico Spa.

Cholera Asiatica.—Glycozone.

Cholera Infantum.—Glycozone, Pan-peptic elixir and benzothymol, Isterine, pepsin cordial, W-A intestinal antiseptic.

Cholera Morbus.—Abbott's saline laxative, chloranodyne, W-A intestinal antiseptic.

Colds.—Neurilla.

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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Language is a growth rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letters) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., changed to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1893, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
throuth (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add enuf (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "innite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preferit," "hypocorit," "requisist," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

A New Idea Regarding Tuberculosis Advanced by Prof. Koch.

On the 23rd of July, Professor Koch, of bacillus tuberculosis fame, boldly address The British Congress on Tuberculosis with startling assertions regarding the transmission of tuberculosis. When Dr. Koch speaks on tuberculosis, we all need to listen; and when he jars our deep rooted beliefs, we need to think. We are all charitable toward him, for his mistakes have been few, and his discoveries many. If he now be right, many bacteriologists and veterinarians will wish that they had not spoken or written so positively.

He asserts that bovine and human tuberculosis are separate and distinct diseases; and that tuberculosis is not communicated from man to animal, nor (tho it is not so thoroly demonstrated) from animal to man. He declares the tuberculosis of poultry may be left out of account as a possible source of infection for man. He declares that human sputum is the main source of dissemination of human tuberculosis.

It will be well for all to read his article in full, as published in the Journal of the American Medical Association, of July 27, 1901.

Spermatorrhea.

Despite the claims of quacks, this is a rare disease; yet it is one of vital importance to the victim, and is worthy of a full understanding and the most skillful treatment. The charlatan has tilled the field so thoroly that the honest practitioner is disgusted as soon as he hears the patient's voluble tale of emissions or drains. This reasonable distaste has allowed most of the better class of general practitioners to become deficient in skill in treating cases of this complaint when they present themselves. Every doctor should be qualified to treat it when it actually exists, and to allay the fears of the patient when he does not really suffer with it. Talk will not do; for the patient is generally certain that he knows much more about it than you, if he only knew "what to take." He has probably tried many physicians, and knows all the anaphrodisiacs by taste and smell, and if you so prescribe, will soon consult another physician. A microscope is essential in treating such cases. True spermatorrhea consists in the discharge of seminal fluid independent of genital titilation or sexual intercourse. A man may have a discharge from the penis which he deems spermatorrhea, and yet which, coming from the prostate, or Cowper's or Littre's glands, is not spermatorrhea at all. The physician should not deceive himself; nor permit the patient to deceive him. If spermatozoa be present, the microscope will always show them, tho they may be imperfectly developed and devoid of natural motility. No spermatozoa, no spermatorrhea, is a safe rule to go by. A little medicin must be taught these excited victims, and a considerable amount of time must be occupied in doing it; and as they have generally spent so much money on large fees for quacks, they are likely to listen well, and pay willingly. As soon as you show them what spermatozoa look like, and show them that the discharge they have contains none, they are usually

readily convinced and become good and tractable patients. The urin must also be examined, and this is best done without intimating for what you wish to search. If seminal cells are in the urin, it will have a milky appearance, which disappears on agitation with ether after a little potassium hydroxid has been added; but this is a rare form of the trouble. One of the most important features in the confidential advice is the assurance that every healthy male past the age of puberty, if he is not accustomed to opportunity of sexual gratification, will have more or less frequent nocturnal pollutions. With some men it may occur twice weekly, and with others once in two months; and yet both be within the bounds of perfect health. If repeated pollutions occur each night, or if pollutions occur every night, the case may be considered pathological without microscopic examination of the discharge. The cases of diurnal pollution, in which the seminal fluid dribbles away without pleasurable sensations, are so rare as to be accounted medical curiosities; yet you must remember that the patient knows (?) he is just on the verge of this very thing, because he has learned it from the famous (!) and disinterested (?) physicians who have mailed him the literature. (Selah! and do something.) If you discover chronic prostatic inflammation, try electricity, manual massage, and rectal irrigation with normal salt solution hot as may be borne. Let the evening meal be light and taken at least three hours before retiring. Have the mattress hard, and the coverings light. Tie a towel around the waist, and knot it over the spine, so that the patient will waken if he turns upon his back. Have the genitals bathed with cold water at least twice daily. Advise cheerful society, and healthful mental diversions, with exercise (games or occupation) in the open air. If you investigate your cases thoroly, and employ rational measures, you will cure most of them and thereby reap good reward if

you are shrewd and judicious. Medication is generally less efficient than advice and hygiene, but sedatives rather than aphrodisiacs are to be advised. Sexual continence is an essential. A little patience; a modicum of common sense; a little therapeutics; and a very little faith, will admit of a cure in the majority of cases. Still sexual desire and insist upon continence, but taboo drugs which will further depress the melancholy mind of the patient.

Fees.

Had we the space, we would talk with our readers at least three times a year on the subject of fees. If there were proper remuneration, there would be no talk of "an overcrowded profession," "division of surgical fees," "dead work," etc. It is the profession themselves who have brought matters to the present extremity, and it is the profession themselves who must remedy it if it ever be remedied. The struggling young practitioner hopes to curry favor and win friends by making concessions on fees to penurious patients, and the old and established practitioner feels able to "starve him out" by lowering fees below the young man's self established rate. The laity love to tell the tale; and both practitioners are made a joke until sore need impels the laity to be humble. If we collected just fees, it would not require one's working himself to death to gain enuf to keep up appearances and gain a livelihood; if we collected just fees, the young man could live if he did not have many patients.

The young man needs to learn that he would better fall in with the local fee table until he is established, and then do all he can to raise it to a reasonable level. The old man needs to learn that people will leave him for younger men, no matter how low he cuts his fees. We wish doctors could learn that people do not consult them for what they charge, but because they prefer them; if physicians once knew this, it would be a hint to them on fees. The average layman will pay any price to any physician or quack, if the promise of aid is given him. If you know you can cure him, charge him a good stiff fee, and he will be satisfied when cured, and will laud you amongst his friends as "a doctor

who knows something, and tho he is awful dear, he's worth it." Once you get that reputation, you may afford to let younger and "foolisher" doctors contest for beggarly fees. When you get a patient whom you know incurable, charge him a nominal fee, and tell him you prefer that he consult some other doctor who will keep him quiet by promises and take his money without qualm; since you can only promise relief, and never care to treat any one without rendering satisfaction. Ten to one, he will stay with you.

The laity do not understand honesty; they like to be duped; and so long as there are practitioners willing to dupe them, and so long as we are not completely organized, they will keep our fees down below an honest level by consulting the quack and paying him such fees that they are unable to pay us reasonable fees in emergencies.

The solution of the problem is easy in theory and difficult in fact—for the reasons cited. The nearest we can get to a perfect solving of the problem is to get more thoroly organized. Get every practitioner of note into your local, state, and National society; then resolutely expel every man guilty of quackery. If this were done everywhere, a few years would see all honest doctors arrayed against the quacks. The doctors could set their fees, and collect them; or allow the quacks the business, and the end of the contest would come soon. If all reputable practitioners were organized together, there would be no question of the "division of surgical fees," for the physician would get what his services are worth, and the surgeon, naturally, would get less. If we were organized, there would be no "charity" or "dead work," for the county would be compelled to pay us. Even the labor organizations have solved the question of "payless work," but the educated physician yet seems anxious for it. Organize! they are doing it elsewhere. Unify yourselves! It is the only salvation financially, and the only solution of the fee question. Organization must be thoro and complete, or it is worse than useless. We have many reports of successful organizations, and we want to see every WORLD reader a missionary along this line.

Be cautious in the use of morphin subcutaneously, after opiates or morphia has been given by the mouth or rectum.

The Protection of the Perineum in Confinement.

Professor Goodell made a great advance in prophylaxis when he suggested hooking the finger in the anus and drawing the perineum forward, but he then knew nothing of the later discoveries of asepsis; when he learned, he advised "supporting" the perineum by external pressure. His first suggestion was more practical than the latter one, if possibility of sepsis be omitted from consideration. The perineal body acts just as the abutment of a dam in a flood, except that it may be counted more resilient. The force and pressure coming from within, and being confined to a definite channel by the pelvic construction, is exerted against the only actual obstructing force; hence the only logical treatment is to retard the pressure until the tissues have had time to dilate. If they will not dilate, episiotomy may be required, or laceration may be inevitable. But extended observation convinces us that but few lacerations will occur in properly managed cases, unless it be in primiparae well up in years. The fetal cranial bones will mould to pressure, and if the required expulsive effort is not present, we may obtain it by generous dosage of quinin and other agents. There are few perineums which will refuse to yield to time and patience; few vulvas but will stretch sufficiently to allow passage of head and shoulders; few women but what may be controlled till nature has opportunity. Chloroform is a great aid, but it should not be employed recklessly any more than we would apply forceps when not indicated. We speak of normal cases only; osseous deformity alters the case and the view. We believe that the perineum in ordinary cases is best protected by retarding the head until the parts have had ample time to dilate. Admitting that forceps will release the physician much earlier, that it is easy to repair a laceration, and we yet feel our responsibility because we have seen carefully sutured lacerations which refused to heal. We have never learned of a better method of protecting the perineum than by retarding the head. Even the most rigid perineums will generally yield if the head is held back during the pain just sufficiently to admit of proper stretching, and short of actual rupture. This takes skill and experience and judgment. We admit that many perineums will be torn while this is being learned, but

we are certain that there will not be as many torn perineums as if the fallacy of supporting the perineum were continued. Both young and old men need to learn the maneuver, since the majority of practitioners yet "support the perineum." During the act the perineum is crushed between the pressing hand and the descending head, and this crushing weakens the tissues of the part rendering it all the more likely to tear. If this crushing be avoided, the perineum will be more likely to stretch, particularly if the too rapid descent of the head be prevented. A few lacerations occur with all skill exercised and all precautions taken, but too many occur for which there is no excuse. Firm pressure with the thumb and forefinger of both hands upon the fetal head, with digits so placed as to form the largest possible diamond, will retard the head under all ordinary circumstances. The posture of the woman has little effect on the perineum if the legs and thighs be well flexed; let the obstetrician learn to accommodate himself to any posture the woman may choose to assume, so long as he can maintain control of the head.

A Neat Method of Cauterizing Chancroids and Dressing at One Operation.

When one has decided to cauterize a chancroid, one of the most satisfactory methods is to use Ricord's carbosulfuric paste. This is prepared by adding pure sulfuric acid, drop by drop with thorough mixing, to finely powdered willow charcoal, until the mass has the consistency of thick cream. This mass is spread over the chancroid with a glass or porcelain spatula. Care must be taken to work the mass into the undermined cavities around the edges, and it is well to allow it to take in a little of the sound skin. This not only destroys the virulence of the ulcer, but it leaves a firm adherent dressing of charcoal after the acid has evaporated. In a few days the crust drops off, and the ulcer is found nearly healed. Nitric or carbolic acid may be used in the same manner, and carbolic acid has the advantage that it is somewhat anesthetic, tho it is not so good a caustic when used alone.

Eye-washes of nitrate of silver, if long used, discolor the eye.

Eye-washes containing lead are apt to leave a permanent opacity where there is any ulceration.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—BUSHN.

READ. REFLECT. COMPARE. RECORD

A Word from the Editor.

Talent, ability and scholarship are modest; mediocrity, ignorance and intellectual indolence are presumptuous. Whenever an article comes accompanied by a modest note (as many do) stating that if the Editor should consign it to the waste basket the writer will not be offended, such an article is almost sure to be from a superior man, and almost invariably such articles are found worthy of publication. On the other hand, when an article comes with practically a demand that it appear in the next issue "sure," the probabilities are that the article is not worth space. Also, when an inquiry comes asking "why" an article sent previously has not appeared, we have by experience learned to feel certain that the article was not worth appearing anywhere but in the waste basket. However, there may be some exceptions. There may be reasons aside from lack of merit why an article may not appear at a certain time. Our columns may be overcrowded; the subject may not be seasonable; or there may be several articles on the same subject, and the Editor may not consider it profitable to his readers to spare space for all, in which event he chooses the most suggestive. All such things must be left to the discretion of the Editor. Before sending a contribution, read carefully the standing conditions at the head of this department. Some people never read standing notices, nor the prefaces of books. This is a great mistake.

Any contributor wishing the receipt of his article acknowledged may have it done by inclosing a stamp or postal card for this purpose. It will then be acknowledged by the mail clerk as soon as it is reached, and before it reaches the Editor. As to the return of unused manuscripts the Editor usually deviates from the condition standing above to the extent of returning same if the request and postage for return accompany the manuscripts. After sending an article, don't get nervous about it. It may not be reached by the Editor for some days; conditions may make it impossible or impracticable that it be published for a month or two, and possibly it may not appear at all. Don't feel that it is a personal matter at all; for the Editor must consider the interests of his many, many thousands of subscribers, rather than your personal pride. The

efforts of all of us should be directed to the single purpose of serving the profession.

Veratrum Viride.

Editor MEDICAL WORLD:—In THE WORLD for June, page 221, Dr. W. T. Marrs, suggests for discussion the merits of veratrum viride. I would like to make a statement of the following facts concerning it, which I know from long use of it are true and deserving of note. As the following points taken from Wood and the U.S. Dispensatory, coincide completely with my experience, I will just forward them to you almost exactly as I find them there:

The drug is nearly similar in its action to aconite and can be used in most cases when the latter is indicated. It is a powerful arterial depressant, lowering the pulse rate and the force of the heart-beat by direct action the cardiac muscle. The stimulating action it has upon the inhibitory nerves also influences the pulse rate. It causes vasomotor paralysis, greater or less, according to the size of the dose. Veratrum viride is a powerful spinal depressant, the motor centers of the spine being directly affected, while upon the sensory centers or the motor or sensory nerves it exerts little or no distinct influence.

Uses.—As an arterial depressant and to control spasms of spinal origin. (It is contra indicated in adynamic fevers). In the first stages of pneumonia (to this I can testify), or whenever it is sought to control true sthenic arterial excitement (except, perhaps, in gastritis or peritonitis), it is indicated and will be found a prompt, efficient and safe remedy. It is useful in chronic cardiac diseases when there exists excessiv hypertrophy (quite true). It may be well to remark that it should be administered while the patient occupies the recumbent position. The best preparations are the fluid extract, dose min. 1 to 3, and the tincture, dose, min. 3 to 6, given every one or two hours, the remedy to be discontinued upon the appearance of nausea.

THE WORLD is the best practical magazine for the general practitioner I have ever seen. I find it an almost indispensable aid to me in my work. Much success to you!

H. HARRY O. SNYDER, M.D.

Lewisburg, W. Va.

Jefferson, '93.

Medicins administered by the hypodermic method should be given in *one-half* the dose by the mouth.

Morphin and Veratrum Viride for Puerperal Convulsions.

Editor MEDICAL WORLD:—Seeing the article on veratrum viride for puerperal convulsions in the August WORLD, page 323, by Dr. F. G. Thomason of Punta Gorda, Florida, causes me to give a little of my late experience with this remedy in puerperal convulsions.

On August 4, 1901, at 11 o'clock p.m., I was called to see Mrs. M., who had been confined just one week to a day. This woman was young, stout and healthy, also had an easy normal labor, but by acting imprudently, getting up too soon, and exposing herself, the lochial discharge stopt, and before I arrived she had three convulsions, the last one coming on her just as I stepped to her bed side. I reached her in time to place a spoon in her mouth to protect her tongue. I at once gave her, hypodermically, one-fourth of a grain of morphin dissolved in a small amount of water; to this I also added ten drops of Norwood's tincture veratrum, and she had no more convulsions after that one, and only one injection of the above mixture. As soon as she was conscious enuf to swallow it, I gave her about ten grs. of calomel, to be repeated if necessary in four hours, and follow this in four hours more with Epsom salts to open the bowels well, which all acted nicely.

In order to assist in bringing about the lochial discharge again, I had her feet bathed in warm water, and applied over the region of the uterus heavy towels wrung out of warm water, which in a few hours had the desired effect. I will say right here that this woman's temperature was normal when I first saw her, and remained so.

I called in to see her twelve hours later (this was as soon as I could return). The convulsions had ceased, and the lochial discharge had appeared again all right; so I left her three five grain capsules of quinin, to be taken four hours apart. I find that to open the bowels well with calomel, and follow with a few doses of quinin is good to start up the lochial discharge when it stops too soon after confinement. However, in some few instances I have known the lochial discharge to stop within a few days after confinement, not to return any more, and it seemed to cause no trouble in any way.

In the above case we can't tell what part the morphin played in stopping the

convulsions so promptly, but to administer the morphin and veratrum together probably makes it doubly sure, for we want these convulsions to stop, and stop right away, as they are horrible. I have taken THE MEDICAL WORLD for some fifteen or sixteen years; there is none better, and I expect to take it as long as the Editor will be so kind as to take my dollar in exchange, and I feel sure he will continue this courtesy. JAS. A. SMITH, M.D.

Chattoogaville, Ga.

Veratrum Poisoning in a Case of Puerperal Convulsions.

Editor MEDICAL WORLD:—I was seen by Mr. E. and requested to take charge of his wife, who was expected to be confined in about six weeks. I was informed that in her previous confinement she had puerperal convulsions, and came near, very near dying at each time. I saw the lady and obtained the following history. Parents healthy; from puberty had painful menstruation, and two or three days before each epoch she suffered with facial neuralgia. I at once put her on tonics, chiefly iron, and about three weeks before her expected confinement, put her on tr. viburnum prunifolium, and beginning one week from the expected event, put her on thalion, giving her a heaping teaspoonful in a glass of hot water the first thing in the morning and last thing at night. This gave her one to two large mushy stools each day, but at the end of a week it began to act a little too freely on the bowels, so I stopt it. At 2 p. m. that day I was called hurriedly, the messenger stating that she was in labor. As soon as I could get there I made my toilet, which had to be done hurriedly, so much so that I had to dispense with the usual routine of preparing my patient. With not more than two good labor pains I delivered her of a fine 10 lb. boy, the secundines all coming away beautifully in less than 5 minutes. I waited as usual a half hour and took my leave, patting myself on the back all the way back to my office. I never in all my life saw a more beautiful case of labor, everything absolutely normal, except there was not as much as a tablespoonful of blood past with the afterbirth. Well, I went around all the afternoon patting myself on the back, and congratulating myself on having run across a drug that would rob the puerperium of one of its greatest terrors.

At about 10 p. m. her husband came

after me hurriedly saying that his wife was threatened with a convulsion. I armed myself hurriedly with what I thought would be needed and hurried to the house. I found my patient in the throes of the hardest convulsion I have ever had the misfortune to see; it lasted fully ten minutes. I at once began pumping Lloyd's veratrum into her, in 10 drop doses every 5 minutes. After using 3 doses I got her pulse down to 60. But worse than ever, she became intensely nauseated, and nothing I could use seemed to have the least effect on her nausea. Now, brethren, don't say, if I had done this, that or the other, I could have easily controled that nausea, for I did do them all. I had given already at the expiration of two and a half hours (as hard work as I ever did in my life) 3 hypo's of atropin. She would not get her breath sometimes for as long an interval as 60 seconds. I told her husband, who was a large muscular man, to hold her in his arms and every time she would hold her breath, to shake and squeeze her so as to force the air out of her lungs, so that when they expanded she would catch a breath. He kept this up for three hours on a stretch. I was fearful of poisoning her, but as a last resort decided to try one more hypo of atropin. In less than 10 seconds after I gave it to her, she began to breath more freely and regularly. I knew at once that there was a life snatched from the very jaws of death. Brethren, the lesson I learned (and I write this hoping that you will do the same) is never to give up as long as there is breath in the body.

I neglected to state that a fearful throbbing neuralgia of the fifth nerve would warn her of the approach of a convulsion about 5 minutes before.

A criticism of my treatment, if there should be any, will be received graciously.

J. A. MELDON, M.D.

McCormick, S. C.

[At the first examination the urin should have received the chief attention. The character and quantity of the urin is a very important feature in such a case. The result of this examination would have largely determined the treatment. Perhaps no attention to the bowels would have been indicated, except possibly some simple laxativ, sufficient to produce one or two soft movements per day; salines, pusht to the production of one or more watery stools per day may be very useful

in such a case, if the kidneys do not respond satisfactorily to appropriate treatment. Your self-congratulation was too soon, because you had not made yourself acquainted with the work of the kidneys. During those three hours of fearful suspense and anxiety during which time you and the husband workt so valiantly for the life of the patient, and with such gratifying results, your patient was evidently suffering with veratrum poisoning. The lesson to be drawn from this stage of the case is not "never to give up as long as there is breath in the body" (we should all know that), but not to give veratrum hypodermically so often as every 5 minutes. Puerperal convulsions seldom succeed one another so rapidiy as not to give reasonable time for the action of a remedy, particularly if hypodermically administered (say about 15 minutes). Decide upon a reasonable dose for decisive effect, then give it time to act before repeating. You did not state the doses in which you administered the atropin. It would be interesting to know. "All's well that ends well"; and all the parties concerned in the above case are to be congratulated on the ending. It is the duty of all to submit cases to the most searching (but well meant) criticism. In this way we can help one another. We would like our readers to report more cases which end in death. They say that doctors' mistakes are put out of sight. They should be put upon record, to act as sign posts to point to dangerous places. The mistake of one should be a benefit to all, instead of a benefit to only the one who made it. —Ed.]

Puerperal Convulsions.

Editor MEDICAL WORLD :—I notice reports of cases by Dr. F. G. Thomason, Aug. WORLD, page 324, advocating veratrum viride in puerperal convulsions, and claiming great success with that drug. In a practise extending over a good many years, and with attendance upon upwards of 3,000 cases of labor, I have, fortunately, not had many cases of that character to treat; but I should be sorry to place reliance on any particular drug, but endeavor rather to ascertain the cause of the convulsions. In my early days of practise one favorit theory was, the pressure of the fetus on the abdominal vessels; and of course, the remedy was to remove the child. But it was found that the convulsions recurred

after delivery. Albuminuria is, I think, now considered the chief cause of puerperal convulsions, and I should consider veratrum viride too depressing in such cases. In the patients under my care I have, when occurring during labor, expedited delivery, and when recurring, used purgatives and sedatives—largely bromids and opiates; with good results.

St. John, N. B. C. H. L. JOHNSTON, M.D.,
L.R.C.S. & L.M. Edin.

Forceps in Labor.

Editor MEDICAL WORLD:—In July WORLD, page 275, I see an article by Dr. Thompson in regard to the use of forceps and chloroform in obstetric cases. I wish to add my voice to his, to the end that more of our poor women may be relieved of much unnecessary agony in childbirth. I know many men of good repute, who will calmly lie down, with instructions to be called if wanted, when the head has fully dilated the neck and is only stopt from coming into the world by being wedged back slightly by the pubic bone. Apply forceps, rotate ever so little with slight, steady traction, and it will be born in one minute. Leave it alone and nature will deliver it in a few hours. With forceps the woman will be bright and strong. Left to nature she will be exhausted, and nine times out of ten, will have a flabby, relax uterus, with more or less hemorrhage. I do not believe it is good policy to give chloroform to complete anesthesia, but sufficient to quiet while the forceps are placed and traction begins, then let the patient come out from its influence and assist. Of course this is for ordinary cases.

Missoula, Mont. E. A. CRAIN, M.D.

Increase of Experience Leads to Decrease in use of Forceps.

Editor MEDICAL WORLD:—Fourteen years ago I used the forceps in nearly 60 per cent. of my cases. In the past two years, having learned as I believe the better way, I have found indications for their use in not above 20 per cent. of confinements attended. I never fail to take both chloroform and forceps when I am called, but as increase in experience adds to my success, I fail to find those indications for the use of the latter nearly as frequently as in years gone by.

Out of upwards of 800 confinements I have had four cases of placenta previa, two partial and two complete (all four in

a space of about four or five months), and but two cases of eclampsia.

I have been wishing for years for an ideal medical journal. I find it in THE WORLD.

O. C. HAMMOND, M.D.
Heuvelton, N. Y.

Quinin in Labor.

Editor MEDICAL WORLD:—Do you believe that hemorrhage following labor in which quinin is given is caused by the quinin? or the condition (inertia) that necessitates the use of it? Would it not be a good idea to follow with strychnin and ergot until the womb is contracted thoroly? It seems to me that when it is necessary to give quinin to assist labor there is a condition of the uterus that needs after treatment.

Washington, La. L. LAZARO, M.D.

[Several subscribers have express their views on this question in recent issues. Let us have a fuller expression. This question should have been settled long ago. The routine administration of quinin in labor, which seems to be practised by many, is to be condemned. No drug should be given until it is clearly indicated. Uterine inertia during labor should suggest suitable post partum treatment to prevent hemorrhage.—Ed.]

After-treatment of Malaria.—Chronic Gastritis.

Editor MEDICAL WORLD:—THE WORLD does me a great deal of good, so if you have space, please let the following $\mathcal{R}$ s do some other brother the good that they have done me. I find that in the after-treatment of malaria something is needed to keep the liver in action, so I prescribe the following:

$\mathcal{R}$
Acidi arsenosi.....
Strych. sulf..... $\mathfrak{aa}$ gr. j
Aloin.....grs. iv
Quinia sulf.....
Ferri sulf. exc. $\mathfrak{aa}$ grs. xl
M. Ft. pil. xxx. Sig.—One pill after each meal.

In this you have the regulation tonic with a hepatic stimulant added. I have used this $\mathcal{R}$ in a number of cases and had satisfactory results. Treating chronic gastritis, where HCl is deficient, dil. hydrochloric acid and strychnia has helped me in two cases that I almost despaired of:

$\mathcal{R}$
Acidi hydrochlorici (c.p.).....3 iv
Strych. sulf.....gr. j
Aquae q.s. ad..... $\mathfrak{z}$ iv
Sig.—After each meal take one-half teaspoonful

in a half tumbler of water and repeat the same dose in $\frac{1}{2}$ hour.

As the acid only stays in the stomach for about an hour, the second dose is required so that the good effect will last until the chyme leaves the stomach.

Where pepsin is deficient :

R Elix. lactated pepsin Oj
Sig.—One tablepoonful after each meal.

a—The regular dose (one teaspoonful) has very little effect. J. T. HAY, M.D.

Boykin, S. C.

Malarial Hematuria.

Editor MEDICAL WORLD:—Referring to Dr. M. A. Dunn's letter in the July WORLD, page 265, on the subject of malarial hematuria and its treatment, I believe that the elimination of the poisonous products of malarial organisms thru the bowels and kidneys, is very essential indeed, and is of prime importance in treatment, whether quinin is given or not. In treating malarial hematuria it is absolutely necessary to determin whether the malarial organism is activ, as it most probably is in acute malarial subjects; or whether its activity is spent, which is most probably the case in chronic malarial subjects. It is my practise to give quinin where there is any probability of remaining active malarial organisms; but where the condition is more of a toxemia due to the spent activity of the organisms, quinin should be discarded. As a general rule, where the fever is of an intermittent type, or even remittent, with characteristic symptoms of chills, quinin should be given. On the other hand, remittent fever with slight variation in temperature range is not benefitted by quinin, but yields to laxativ doses of sodium hyposulfite. This result is probably due to disengaged free sulfurous acid in the blood, and this agent is antagonistic to and destroys the microorganisms which are the real cause of the disease, and thus arrests corpuscular disintegration.

The first question that confronts us in the treatment of malarial hematuria is, shall we give quinin or shall we withhold it? The advice of Bastanelli is, if hematuria occurs during a malarial paroxysm, and the malarial parasites are present, quinin should be given, even intravenously if urgency of the symptoms demand. If parasites are not found in the blood, quinin should not be given.

My rule is, treat the patient, rather than follow a set way of treating the name of any disease. GEO. L. MORGAN, M.D.

Turtle Bayou, Texas.

[You say, give quinin to kill the parasites, if the living microorganisms are present. Then you say, if living parasites are not present, don't give quinin, but give hyposulfite of soda, which sets sulfurous acid free in the blood, which is "*antagonistic to and destroys the microorganisms!*" Your therapeutics may be good, but your explanation is not clear.—ED.]

Malarial Hematuria.

Dr. W. C. Sterling, of Sulfur Springs, Tex., endorses our view that only those who have had cases of this disease should write about it. His first experience with this malady was in 1888, when he had ten cases, which he treated with quinin, losing only two, one of which was moribund when first called. He says:

"I have interviewed something like fifty physicians of Texas who have treated several hundred cases, and all, with the exception of two, gave quinin, and those two didn't give any rational reason why quinin should not be given; and did not give any systematic plan of treatment in the different types of the disease."

He also says as follows:

"Why should a physician give quinin in all the other types of malarial fever, and not give it in this form of the disease, when the cause is just the same? The plasmodium malarial in the blood of a malarial patient don't turn to something else because the patient has a hemorrhage from the kidneys. Malarial hematuria is not a new disease, but only a complication of malarial fever, just as a hemorrhage in typhoid fever is a complication.

"We never have malarial hematuria except in those who have been exposed to malaria for several months. We hardly ever see a case only in the fall months. I have seen and treated between thirty and forty cases of malarial hematuria, and they composed all the different types of the disease. I will give the plan of treatment which has been employed in my practise. The mortality has not been over fifteen per cent.

"First: To secure cinchonism as early as possible, quinin should be given in large doses by the mouth, or rectum, or the bisulfate of quinin hypodermically as demanded by the urgency of the symptoms.

"Second: Prompt purgation with calomel and soda, given in two or three grain doses every two hours, dry on tongue until catharsis has been produced.

"Third: Hypodermic injection of morphin and atropin, when necessary to allay the incessant vomiting, and strychnin for the fagging heart.

"Fourth: We should see that the kidneys and skin are doing their work. In the event of arrest of renal secretions, cupping over the lumbar region; among diuretics, we have nothing better than bitartrate of potassium.

"Special attention should be given to the patient's nutrition. From the fact that we have to deal with a case of blood poisoning, caused by the toxic effect of the malaria, makes it important that we should see that the patient is nourished."

A "Chill Season" Dream.

Editor MEDICAL WORLD:—Seated in my office some time ago, listening to the down-pour of rain, such a rain as you see nowhere except in this country in the rainy season, I was meditating on the unpaid bills of my patrons and trying to devise in my mind a plan to better my financial condition. I became drowsy and leaning over against the table and wall I picked up a late journal and thought I would divert my troubled mind from its condition.

Opening the journal I first saw this heading of an article: "Mosquitoes Effectually Destroyed; No More Malarial Microbes."

The door being open, in walked a nice looking gentleman, with his hat in one hand and a large maroon colored grip in the other. "I am Mr. Smith," said he, "of the U. S. Health Department, and learning of your excellence as a man and your ability as a physician, also your political affiliation, I have made haste to call on you before the actual results of our work are made known to the medical profession in this and other cities of this section. My mission is to destroy all the mosquitoes in this State and so destroy all the malarial germs; and then you medical men will be out of a job. But Doctor, I think that I can have the department employ you at \$300 per month and expenses for several years to watch the ponds and lagoons of this part of the State, keeping the undeveloped mosquitoes from ever coming to maturity." While talking he was taking

his apparatus from the grip and preparing to demonstrate just how, as he said, every M.D. in the malarial districts was going to lose his job and have to "run cattle" or "grub palmetto roots," for a living.

"Give me a glass of water," he said. On receiving it he applied his microscope and said, "uh, hu! just as I told you. There they are. Enuf to kill a whole family. Look," he said, handing me the glass. I did see several small wigglers in the water, but they didn't look so dangerous to me. "Why," said he, "we will have no more intermittent, re-mittent, pernicious remittent, dengue, or yellow fever in this country. Let me show you," he said, as he took the glass and with a long needle to a small syringe injected a drop or two of kerosene oil in the glass. "Now look again." I lookt and sure enuf the little fellows were looking like the picture of the rats on the "ruff on rats" advertisements.

"Yes sir, Doc.," said Mr. Smith, "if you want the job of looking after the skeeters of this country instead of working yourself to death over these Florida fevers, I can get the appointment for you." "Thank you, Colonel," said I, wanting to take him by the hand.

"Yes," said he, "I take this instrument and with these tubes that look like fish lines to you, I inject or shoot the petroleum into the bottom of the lakes and ponds and destroy all the young mosquitoes and the unhatched eggs, and so destroy the germ that is supporting all the families of the medical profession in this country; and also it will ruin all the medicin companies that are making chill tonics both tasteless and untasteless, and all the ague cures and all the malarial upsetters and all the Cuban chill cures; and hundreds of girls who are now living from weaving mosquito bars." "Just look at that glass again, Doc.," as he handed me the glass of water and the microscope, "and see how those eggs have burst and all their vitality gone."

I was getting very nervous over the matter, and as I reached for the glass my hand trembled and down went the glass with a crash and I started from my chair. "Hello Doc." said Mr. A—. "Sleep here now? Want you to go to my house at once. Willie is very sick; seems to have colic."

"What a dream I've had," said I to myself, rubbing my eyes.

"Wish you'd hurry, Doc.," said Mr. A.,

"Willie is very sick. I live at No. 87 ——— street."

Jumping on my wheel, which was at my door, I was soon at the designated place. Before I entered the house I heard the screams of the mother, half a dozen children and several neighbor women. Willie was rolling and tossing about and seemed to be in great agony.

I made what inquiry I could and lookt at his tongue while he was crying. Tried to feel his pulse and feel his stomach and bowels. Found that his stomach was swollen, and askt the mother what he had been eating to-day. "Nothing at all," she said.

"What did you have for dinner," I askt.

"We had boiled peas; but Willie only ate one teaspoonful, and I masht them up myself. He sat in his little high chair right by me, and I tried to get him to eat some more."

While Mrs. A——was talking, I was getting my hypo. syringe ready with a $\frac{1}{16}$ grain of apomorphin dissolved, which I at once emptied into Willie's thigh.

The noise kept up for about 5 or 10 minutes, when Willie turned pale around the mouth and was very quiet. Then such vomiting and such a rattling of peas on the floor! I think there was fully a quart of half cookt peas, and they fell to the floor and rolled around like shot that had been spilled—not a one of them masht.

"My God!" said Mrs. A——. "I didn't think we had that many peas for dinner; and how this poor child got them I don't know."

After emptying his stomach Willie became very quiet, and so did the balance of the family.

I gave Mr. A——this:

R

Hydg. chlor. mit.

Soda bicarb. āā gr. j.

Disp. Tab. No. 8.

Sig.—One every hour until 4 are taken each day.

"I haven't got any money, Doc. What do you charge?" said Mr. A——.

"Two dollars," said I.

"That's powerful high," said Mrs. A——. "I was just thinking of giving Willie some warm salty water, which would have done as much good."

"Good day," said I as I walkt out the door, and I thought I'm glad it was only a dream about the mosquitoes; and I

hoped that they would almost eat Mrs. A—— up.

F. G. THOMASON, M.D.
Punta Gorda, Fla.

How to Frame a "Sheep-Skin."

Editor MEDICAL WORLD:—In reply to Dr. H. R. Taylor's query "how to frame a sheep-skin," allow me to respond: Never do or say an unmanly or unprofessional thing and your sheep-skin will be framed in pure gold.

A short time after my graduation from college the same question was suggested to my mind because of the wrinkled state of my diploma, and as I had workt hard for years to possess it, and as it was to me a "thing of beauty" and will be "a joy forever," I put on my thinking cap to find a means for its preservation. A frame having a generous proportion of space between the flange surface and the plane of the back was selected, and two pieces of ordinary window glass of a size a little larger than the diploma were secured. The diploma was allowed to remain for a number of days under pressure to obliterate the wrinkles, and then carefully placed between the two pieces of glass, placing all in the frame, and making pressure from behind by means of a strong piece of board about twice the thickness of the ordinary backing, and secured in proper position by wire nails. My diploma has hung for over two years and is in good condition.

THE MEDICAL WORLD is to me an interesting and welcome visitor, and many clippings from its numbers have found their way to my medical scrap book. I cannot refrain from complimenting the Editor for the possession of the spirit of fairness regarding homeopathy. I believe he and his interesting journal will be sources of great good to those who seek for the truth.

F. EDUARD W. HOFKE, M.D.

Brooklyn, N. Y.

If Dr. Taylor will have a stretcher made to fit his frame like they use for chromo pictures, and with thick flour paste moisten his sheep skin well, apply paste to the stretcher and then stretch the sheepskin over it and tack around the margin, he can take out every wrinkle and it will never bother him again. Mine wrinkled and shrunk until it was an inch smaller than frame all around. I had it fixt as above and it is as smooth as new.

Wisner, Neb.

D. BOSWELL, M.D.

Editor MEDICAL WORLD:—Dr. A. R. Taylor asks "how to frame a sheep skin so it will not wrinkle." I can not answer his question, but I think if he will get a smooth round stick like a broom handle, roll it snugly on this, then wrap with paper and put away in a drawer or on top of his book case, it will be sufficiently smooth when he has occasion to show it to gain admission to a medical association or for any other purpose.

Query. Doesn't this framing of diplomas savor of pedantry?

I. L. VAN ZANDT, M.D.

Ft. Worth, Texas.

Glandula Suprarenalis.—Adrenal.

(SUPRARENAL CAPSULE)

Editor MEDICAL WORLD:—The gland lies in cattle near the forward end of the kidney, more or less imbedded in the kidney fat. It is in the shape of two parallel lobes connected at one end, and weighs about two and one-half drams. In sheep it is loosely connected with the forward end of the kidney, is some what of a half-moon shape, and weighs about one-half dram. Both kinds resemble in texture and color the kidney. There is no other small body near the kidney for which the adrenal could be mistaken. It can be easily obtained at any butcher's shop. The butcher has neither name nor use for it. The manufacturers of the preparations of the adrenals assert that they use only those from the sheep; but there is no valid reason given why those of cattle would not be just as effective. Some physicians have used the fresh adrenals of cattle with as good success. The name suprarenal capsule is misleading, as it is not a capsule, but a gland.

The active principle of the gland is called epinephrin and adrenalin.

Preparations of the gland, and administration:—The powder obtained from the desiccated adrenal will keep indefinitely, but is of varying strength. One grain of it represents eight grains of the fresh gland; five to ten grains of the powder, or compressed into tablets, are given internally for one dose, and should be allowed to dissolve slowly on the tongue and swallowed slowly without water. The powder should not be used locally, as it easily decomposes and may cause infection.

For external use a watery solution or extract is made from the powder. Stir

five to ten grains in one dram of water and let stand from one half to one hour, filter and boil in order to sterilize it. Some use the proportion of one part powder and ten parts water and call it a one per cent. solution. [This would be a ten per cent. solution.—Ed.] It should always be freshly prepared, as it spoils within a few hours, and preservatives like boric acid, alcohol, cinnamin, etc. should not be used, because they interfere with its therapeutic effect. The solution is applied as a spray, or more preferably, on pledgets of cotton, occasionally with the assistance of the galvanic current, which insures a more prolonged and thoro effect. A well prepared solution or extract should whiten the conjunctiva of a normal eye in less than a minute; it should not be irritating nor affect the iris nor the accommodation. The solution in doses of ten to fifteen drops is also used hypodermically, but causes local pain, swelling, tenderness and whitening of the skin in a space of two inches in diameter.

Internal and external use may be combined.

A glycerin extract, forty grains of the powder to the fluid dram, is more liable to produce nausea than the tablets.

The fresh adrenals have been given internally raw and cooked.

Epinephrin is a powder which varies from a light gray to a brownish color; solutions are made from it.

The adrenalin is in a pure crystalline form. The effect of the solution is not altered by its change to a pink color.

The adrenalin chlorid solution is clear, colorless, odorless, steril and stable, if protected from heat, light and oxidation, and non-irritating. Solutions of 1:1,000 are strong enough for operative work; of 1:5,000 and 1:10,000 for local medication.

The normal salt solution may be used as the solvent in place of mere water.

The effect of the adrenal on the human system:—Its effect is usually very rapid but not long lasting. By applying the extract on the healthy skin for one-half hour or longer it turns it white. The aqueous extract applied to the mucous membrane of the eye or nose produces pallor and contraction within thirty to forty seconds, lasting fifteen to twenty minutes. It does not usually produce secondary dilatation of the bloodvessels or secondary hemorrhage. The local application has caused no dangerous systemic symptoms.

The powder taken by the mouth does not act as quickly as the solution locally. Moderate doses have caused vertigo, nausea, nervous excitement, rapid action of the heart and increase of respiration; large doses rapid and extreme enfeeblement, failure of respiration and circulation.

When the extract is administered hypodermically, the skin is blanched a dead white immediately and may be incised without primary hemorrhage. Hypodermic injections have caused at times livid face, great pain in chest and head and other unpleasant symptoms.

The bloodpressure is not appreciably raised, when the adrenal is administered by the mouth or hypodermically, but an intravenous injection of a minute dose of the aqueous extract produces an enormous and rapid rise of the arterial pressure and dangerous cardiac symptoms.

The use of the gland does not lead to drug habit, nor is it cumulative.

The use of the adrenal in diseases:—As the effect of the gland is quick but transient, it depends upon the nature of the case how much benefit may be derived from it. If its effect is needed only for a short time, as in operations on the eye or nose, or in certain dangerous attacks in heart diseases, the operation of the drug is perfectly satisfactory. But if the disease is of several days or weeks duration, as in hay fever, the adrenal only mitigates the disease temporarily, as its curative power is exceedingly limited.

The adrenal is contraindicated in anemic conditions or where the mucous membrane possesses a low degree of vitality.

The adrenal does not coagulate the blood. As the aqueous extract, applied locally, is the most powerful astringent and hemostatic, it has been largely used in operations, especially on the eye and nose. The spray alone is not sufficient. In operations of some duration pledgets of cotton, saturated with the solution, should remain on the part for five minutes, then cocaine pledgets for five minutes or longer, and then again the adrenal solution for five minutes. This makes the parts perfectly bloodless, totally anesthetic and renders a general anesthesia superfluous. The majority of the cases will show some anemia and shrinkage of the mucosa from one to five hours, in some cases longer. The cocaine and adrenal solutions should not be mixed, but applied one after the

other; in this way they assist each other. There is also less danger from cocaine toxemia. As there is no bleeding, the cocaine is not washed out; hence weaker solutions will often answer. In shorter operations the first application of the adrenal solution may be omitted. The contraction of the bloodvessels and the blanching of the mucosa take place first, and are followed by constriction of the parts, in some localities down to the osseous structure.

The healing after an operation is said to be quicker than when adrenal is not used.

After operation, secondary hemorrhages, sometimes quite severe, may happen after the use of the gland.

Five grains of the powder swallowed will in three minutes reduce the congestion of the mucous membrane of the eye, nose or throat.

The gland is of no use as a hemostatic in removing adenoid tissue of the pharyngeal vault or in the excision of the tonsils, as the pledgets cannot be effectively applied.

Regarding the internal use of the adrenal, it is like that of all drugs, viz.: some persons are very indifferent toward it and receive little or no benefit, and some are oversensitive and experience discomfort from small doses.

The gland has been used in all kinds of inflammations and congestions irrespective of locality, but especially in those of the mucous membrane of the upper respiratory tract. If convalescence is obtained, its administration in small quantities must be continued for a great length of time.

The external and internal use affects beneficially catarrhal and purulent conjunctivitis, keratitis, iritis, scleritis, corneal opacities, optic neuritis, glaucoma (in lessening tension and improving vision in less than one minute), lacrimal stricture, lacrimal fistula, abscess of the sac (use injections into the duct in these three diseases), the condition after operations on the nasal duct.

If the extract is applied to the orifice of the eustachian tube in the pharynx, it lessens the congestion of the drum membrane and of the middle ear in acute and chronic catarrhal otitis media. The tinnitus is lessened and the hearing improved, but only temporarily.

In coryza and hay fever five grs. or more of the powder or tablets every two hours internally and the aqueous extract as often, locally, give relief in a short time

by opening the nose and stopping the discharge. When the patient has been made sufficiently comfortable, doses and frequency should be diminished till fifteen to twenty grs. or two tablets a day are given. It may be necessary to continue this for six weeks or till the hay fever season is over. The gland does not cure. If dizziness or palpitation or other disagreeable symptoms appear, the suprarenal has to be omitted for a time or entirely.

A case of daily epistaxis was relieved by sprays of a 1: 10,000 solution of adrenalin chlorid.

The spraying of the extract has been of immediate benefit in tonsillitis and subacute laryngitis of singers.

The adrenal has been used in edema of the glottis, in bronchitis, congestion of the lungs, asthma, hemoptysis.

It removes hyperemia of the skin.

The extract causes no change, if applied to serous surfaces.

One tablet three times a day almost entirely removed a goiter.

Five grs. at a dose were quickly of great benefit in exophthalmic goiter. Palpitation, throbbing of the carotids, asthma after slight exertion, fast pulse and the size of the thyroid were improved.

The adrenal is the strongest stimulant of the heart, and heart diseases are favorably affected by the internal use; five grs. of the powder chewed show an effect in from one-half to ten minutes; the pulse grows fuller, stronger, more regular, the heart's action more rhythmical, a rapid pulse becomes less so, the breathing easier.

In a case of angina pectoris five drops of a one per cent. solution hypodermically relieved in five minutes oppression, pain and anxious feeling for five hours.

In one case the extract applied to the eye every two hours caused a weak, intermittent pulse of organic heart disease to become stronger and regular with relief of the subjective symptoms.

An old man with arterial sclerosis, with double aortic and double mitral murmur, great weakness, pulselessness at the wrist and cold hands; five grs. of the powder produced warm hands and quite a strong pulse in ten minutes.

A case of pleuropneumonia and heart disease, hippocratic face, cold limbs, very weak pulse: ten drops of a five per cent. solution hypodermically caused in a few minutes a strong pulse, warm limbs and general improvement.

The adrenal has been used in diabetes, intertrigo, neurasthenia, strictures.

In rachitis it ameliorates the general condition of the body, the perspiration, craniotabes, etc., within eight to fifteen days. The children rapidly become able to walk, run and sit upright, the bones lose their softness and the delayed teeth begin to appear. The most improvement occurs during the first eight days.

In a case of chloroform narcosis in a dog, where circulation and respiration had practically ceased, intravenous injection of the extract restored at once.

Several cases of Addison's disease have been cured or temporarily improved. The fresh glands of sheep or calves, or five grains of the powder three to six times a day were given, and ten to fifteen drops of the glycerinated extract hypodermically. Treatment five months.

The disease of the adrenal in man is followed by a progressive asthenia, loss of digestive power with excessive vomiting, emaciation, great weakness and a peculiar bronzing of the skin (Addison's disease).

F. G. OEHME, M.D.

Roseburg, Oregon.

[Dr. Oehme asks WORLD readers to kindly *not* send to him inquiries as to where to obtain the above preparations, price, etc., as in the case of thiosinamin. The preparations mentioned in the above article are prepared by Messrs. Parke, Davis & Co., of Detroit, Mich., and Messrs. Armour & Co., 205 La Salle street, Chicago; to whom readers are referred for prices, etc. Doubtless many of our readers may be able to obtain the fresh glands with but little trouble or expense.—Ed.]

Does Vaccination Modify Whooping Cough?

Editor MEDICAL WORLD:—In the August number of THE WORLD (page 345) Dr. Wright asks if vaccination prevents or modifies whooping cough. Twice I have resorted to vaccination for that purpose, and with decided results. My first case was in a boy 10 years old, paroxysms very severe. In one week from the vaccination the cough was nearly cured—a truly marvelous result.

The second case, an infant of 3 months, seemed hopeless. Vaccination so modified the case as to enable us to carry it thru in good shape.

SALON ABBOTT.

Franklin, Mass.

Blood Poisoning.

Editor MEDICAL WORLD:—In August World, page 320, Dr Vaughan described two cases of blood poisoning from wounds with rusty nails, giving his treatment. Three months ago I had a case caused by a prick from a pin on right index finger. Patient a young lady aged 18. Result, pain and swelling of finger, chills, fever and symptoms of general blood poison, with a loss of one-fourth the soft tissues of the finger from gangrene. Treatment for finger was peroxid of hydrogen and iodoform, general treatment, full doses of calcium sulfide and nuclein solution. Patient recovered. Gave eight grains of the sulfide daily. Nuclein much better if used hypodermically.

V. E. LAWRENCE, M.D.

Ottawa, Kans.

Death from Chloroform.

Editor MEDICAL WORLD:—Several years ago, being in my office about noon one hot August day, two ladies drove up in a buggy. They had come some three miles. One of them, a farmer's wife desired me to extract an aching tooth which she said had caused her the loss of her usual sleep for two or three nights. She was evidently much worn and exhausted. I prepared my instruments and was about to proceed, when she positively objected to submit to the operation without the use of chloroform. After regarding her more closely and examining her pulse, I decided that she was not a fit subject for anesthetics, and told her that in her condition she could not inhale chloroform without great risk. On finding me firm in this conviction, she promptly left for home. In a few hours I learned that a physician from a neighboring village readily consented to extract the tooth and indulge her in her request, and that in a day or two he would call at her residence for that purpose. He did so administering the anesthetic, the patient sitting; but before he finished the work the lady slipped from the chair to the floor a corpse.

J. A. MOWRIS, M.D.

Lafayette, N. Y.

Compact Emergency Outfit.

Editor MEDICAL WORLD:—I made the attempt a day or two ago to condense a few remedies into a small space for my own use while away from home, and I made up this list, which practically took up no space in my satchel and would

cover any emergency in the way of sickness or slight accident. I filled two vials, one with acetanilid comp., one with salicyl. of soda comp. I then took a twelve vial case made by the Philadelphia Alkaloidal Company, and filled it as follows:

Quinin (Grove's tasteless).

Pepsin (pure).

Trinity granules (aconite, verat. and dig.).

Hyocyam. and atropin (in same bottle).

Calomel (powder).

Cocain hydroch. tablets.

Aloin comp.

Silver nitrate, twenty grs. (for solution).

Boracic acid.

Sulfocarbolate of zinc.

Echinacea.

Glonoin.

This with my hypodermic case, which I always carry, completes the list. Hypodermic case contains morphin, strychnin, apomorphin, pilocarpin.

By having a hypodermic case with six bottles, and adding atropin and glonoin to that list, one could use the nine vial case of the Abbott Company, striking out the glonoin, hyocyamin and one other of least importance.

W. H. JUDSON, M.D.

Danielson, Conn.

How Shall We Meet Loud-Mouthed Pretenders?

Editor MEDICAL WORLD:—We have in our city one so called M.D. who is able (?) to diagnose typhoid fever the very first visit, and after informing all the neighbors that it is "the worst case he ever saw," gets the patient out in a week to ten days perfectly well. It is needless to say, he has a reputation as a "fever doctor." When he feels sure any case he may have on hand will recover, he noises it broadcast what a desperate case it is; but he manages to "pull it thru." He will prescribe and give advice for twenty-five cents; and strange to say, this class of charlatans find plenty to do, and even among the better, and more intelligent classes of people. Realizing how well the American people like to be humbugged, and how well they stand by a quack of this sort, what I want to know is, how a physician can practise medicin honestly in competition with such dishonest and disreputable scoundrels? Must we "do as Rome does?"

I. H.

W. Va.

Editor MEDICAL WORLD:—Dr. C. H. Hubbard (July WORLD, page 283) will benefit his patient by the following:

℞ Resorcin 3 j
Hydrochloric acid..... 3 j
Distilled water 3 vj
M. S.—Teaspoonful before each meal.

Have his patient drink half pint of hot water one hour before each meal; then take the above prescription just before eating. He will have improvement in a few days. Of course he should keep his bowels regular. E. E. GILMORE, M.D.

Adrian, Mo.

Editor MEDICAL WORLD:—I offer Dr. C. H. Hubbard (July WORLD, page 283) the suggestion that his patient has ulcer of the stomach. If he will give him one or two ounces of Lautier Fils' olive oil before meals, I think his trouble will be controlled in from four to six weeks.

Bellevue, Tex. JNO. W. HYATT, M.D.

The Communicability of Tuberculosis Between Animals and Man.

Editor MEDICAL WORLD:—Since the nature of tuberculosis of the human and bovine species is being discusst by our most eminent men in the profession, and since not all agree in knowledge, thought and investigation on the subject, I wish to throw out a few facts that have come under my observation.

Some years ago I attended a man, forty-five years of age, who was suffering, and who died, from tuberculosis of the lungs. He expectorated profusely.

Whenever the man was sitting on the porch or any place outside the house, if the family cat would hear the man cough, she would hasten to his side and as soon as he had spit up the result of his coughing, the cat would eat up all the expectorated matter. The cat saved the family a great deal of labor in this way, and no one in the family interfered with this part of the cat's diet. The man of course died from tuberculosis, but the cat survived her master for some years and ultimately died from old age.

A farmer informed me that a number of his cows suffered from tuberculosis; that they were inspected, pronounced tuberculous, were killed and a post mortem proved the correctness of the diagnosis.

Many of the cows affected by the disease were young and of his own raising. In

feeding the cows when they were yet calves he secured the milk from a creamery after it was skimmed by a separator. The cows showed signs of the disease about the third or fourth year. He does not know that any person using milk, cream or butter from the same creamery was ever affected with tuberculosis. The farmer believes that the calves swallowed bovine tubercles in the milk, the tubercles remaining dormant in the young for several years, and then developing the disease. He declared that he took the best of care concerning the cleanliness of his stables, troughs and contact.

I do not intend to prove that a bovine tubercle will not affect a human being, neither that it will; neither that a human tubercle will, or will not infect a cow; but considering the large amount of human tubercles the above named cat swallowed, I do not believe human tubercles will set up tuberculosis in the cat race.

FRANK R. BRUNNER, M.D.

Eshbach, Pa.

A Case of Diabetes Mellitus Cured With Opium.

Editor MEDICAL WORLD:—I was particularly interested in the article contributed by Dr. Holmes of Miss. on arsenauo in diabetes mellitus, August WORLD pages 331 and 332. I am sure that the Doctor must feel gratified with the results as stated by him in his three cases. However, I agree with the Editor that he probably takes a too roseate view of the results at this early date to put them upon the cured list, as they will bear watching for a year or two at least. I have faith enuf however, in his results to try arsenauo in the next case that comes under my charge. I might cite a case of successful treatment of diabetes mellitus that I had a few years ago. A laboring man 40 years old, whose mother died of that dread disease, began to fail, and to pass enormous quantities of urin. Upon examination I found the urin loaded with sugar, and all the symptoms accompanying diabetes mellitus. I placed him upon restricted diet, advised him to give up work; and for medication put him upon pulv. opium one grain three times a day, and in addition a tonic. He began to improve at once, and in a few weeks the urin was normal. The patient completely recovered, and has since engaged in all kinds of rough work, often working all day in cold and wet weather in winter,

such as we often experience here in our northern climate in "Our Lady of the Snows," and yet no return of the disease.

Now I am perfectly aware that opium is not a new treatment for this disease, but I just mention this case to show that each case is "a law unto itself;" and that there is no royal road to treatment in this most dreaded of diseases.

Woodstock, Ont. A. T. RICE, M.D.

Diabetes Mellitus.

Editor MEDICAL WORLD:—I have at this writing eight cases of diabetes mellitus, and in the older cases, 45 up, I have the best results by giving the following: Fl. ext. ergot, brom. sodium, arsenic and opium. I find as long as I give the above $\mathcal{R}$ I have a very small per cent. of sugar; but after discontinuing, the sugar will appear. When under the above $\mathcal{R}$ I let them eat anything they want; but when the $\mathcal{R}$ is discontinued I diet; and the result is about the same. I have tried arsenauo with no better success, or as good as the above formula. With children and young people I give a vegetable diet as much as possible and sweet skim milk; then I can get the very best results. Many new preparations have come highly recommended, and they have all had their day. In my twenty-five years experience I have tried many so called sure cures for diabetes mellitus, but have never had the results as in the above $\mathcal{R}$. My method: Give $\mathcal{R}$, let them eat all they want while taking the medicin, say four weeks, then discontinue two weeks and diet, which is agreeable to the patient and works well.

Sayre, Pa. C. A. HAINES, M.D.

[We wrote the Doctor to give the quantity of each ingredient in his formula, and the dose of the mixture. He sent the following reply:—Ed.]

My diabetic formula is not fixt. I give the Fowler's solution beginning with five drops three times a day, each week increasing the dose three drops until twenty drops are taken three times a day, or if it does not produce physiological effects, I keep increasing the dose until I get the physiological effects. Some persons require more, others less. I generally give this formula as a standard:

$\mathcal{R}$	
Fowler's sol.	gtt. 160
Tr. opii	gtt. 320
Potassium bromid	gr. 480
Fl. ext. ergot	gtt. 320
Syr. simplicis q. s. ad.....	3 iv

M. Sig.—Teaspoonful three times a day. I also give an ounce of Fowler's solution. After taking the $\mathcal{R}$ one week I have the patient take at intervals of $\mathcal{R}$ five drops, increasing each week five drops until tolerance is seen.

Also the following pill (laxativ):

Cascarin	gr. $\frac{1}{4}$
Aloin	gr. $\frac{1}{4}$
Podopyllin.....	gr. $\frac{1}{4}$
Ext. bellad.	gr. $\frac{1}{4}$
Gingerin	gr. $\frac{1}{4}$

In one dose. I give the pill in some instances three times a day until free action from bowels; in these cases I hold the patient on the amount necessary to keep bowel activ.

Cholera Infantum.

Editor MEDICAL WORLD:—The remedy for Dr. Chapman's patient is phosphorus.

I want to protest against the use of shot in a nursing bottle. Even the regulars are condemning it. If you want to constipate the baby and injure its intellect and impair its nerve force, you can easily do it with such procedure. Also the injection of lead acetate into a baby's bowel to cure dysentery. A hypodermic injection of the indicated remedy, such as liquor potass. arsenatis, mercurius corrosivus, aconite, opis, etc., etc., followed by enuf codein to quiet it, will do more to save cholera infantum babies than anything I know of. Why use a hypodermic? Because the entire intestinal tract has lost the power of absorption of any medication placed therein. Always start diuresis and diaphoresis in cholera infantum. Also give whisky if cold on the surface.

Oxford, Wis. CARL L. FAIRBANKS.

Young Men and the "Schools."

Editor MEDICAL WORLD:—Your communication from Napa in August WORLD, page 342, fails to intimate the purpose of the article criticised. "An Equation of Responsibility" was written in the interest of young men who contemplated studying medicin, who were not prepared to wrestle with the question of sectarianism, and to warn them, not against homeopathy, but homeopathic diplomas, that the latter would exclude them from opportunities and fellowships. It was not a discussion of "similia," but an effort to dignify the science of medicin in unification. In it a graceful tribute was paid to homeopathic methods, and to their adherents, as being men of conscience, character and understanding; that in the reckless prescriptions of the last century, homeopathy had served a noble purpose in making doctors

think and in winning thousands from unwholesome pharmaceutical compounds. This we gladly admit, but at the same time assert that the title invented by Hahnemann, has to a large measure, outlived what is now foisted upon the people as "homeopathy." This is manifest in the total lack of unanimity in belief; the practical, every day repudiation of tenets; the efforts on the part of colleges to teach the physiological action of drugs; the extensive buying by homeopathic practitioners of products put up by regular drug manufacturers, and of the total change in homeopathic pharmacies in producing compound tablets to meet the demands of the profession.

I made an effort to show that the word "homeopath" is correctly applied in designating a history in medicin or to a speciality in therapeutics; but incorrectly to colleges, hospitals and individuals; that it debars the latter from rights and privileges that should be the inheritance of any graduate; that it designated only a part of his duties and occasioned an ostracism that had been drawn out to a deplorable degree. To drop the word would harmonize teaching and practise; would make a homeopath true to his modern definition; would emancipate alumni whose minds have outgrown narrow confines; would place the school in an enviable progress by broadening a platform on lines of the greatest liberalities.

As to literature, it is plainly stated that twenty five years cover the most significant changes in medicin; clinical experience has taught the self-limitation of diseases; hygiene has risen to the dignity of a science; new discoveries have given character to medical art; the microscope has revealed new fields of investigation; bacteriology has revolutionized our methods, and pathology is a veritable pyramid of facts. Yet during this period of progress homeopathy has been so rooted in the past, with a faith and adoration in itself so absolute, *that it has not added to our libraries one book of recognized authority upon any one of these subjects; the application of its fundamental law has not developept one new principle in preventiv medicin; has not given one new method to surgical evolution, and scarcely a line to the general knowledge of the medical world.*

Hahnemann may have struck the keynote of progressiv medicin, but his disciples, like the proverbial sons of rich in-

heritance, have fallen behind in the triumphal march of investigators. Let those who are interested compare the poverty criticism on page 342, and draw their conclusions.

"Chaotic, unauthentic, paralyzing" are my words to characterize the homeopathic *materia medica*, and to call the pharmacopeia "another" is no argument, nor is it germane. However efficient homeopathy may be in its own particular line, it lacks those *resources* without which any physician must feel himself shorn of influence: that in the toxemias it has no remedy so valuable as the salines; nothing to afford the certainty of relief as the coal-tar derivativs in vaso-motor neuralgias; no potassium iodid for the discrasia of syphilis; absolutely nothing for iritis that any ophthalmologist will trust; not a reference to the pathology of disease, or to bacteriological products; not an evacuant; not a trusty hypnotic. Weakest in emergent conditions, strongest when nothing is needed. This is the essential truth, born of a long experience, and must stand as a "dead knock out," in the vernacular of our critic. Upon this very subject Dr. W. S. Searle, one of the most intelligent physicians in Brooklyn, says: "How can we hope to commend to the coming physician, even of our own school, such a *materia medica* as we now offer."

I affirm that the man who is intent on searching for *peculiar symptoms* of drugs until an innocent product like *carbo. veg.* is loaded with 1189 in number (chronic diseases), and that the doctor who will, when life is in danger, still further jeopardize by administering a remedy on the mere assumption of some crazy prover, are alike culpable. Symptoms are the expression of disease, but symptomatology is an octopus that has laid fast hold on the erraticisms of a century. It has had its periods of recrudescence, and is today the most curious anomaly of medical literature. Each successive author adds affliction by recording all the fanciful symptoms of his ancestry, and notwithstanding the eliminativ effort which reduced Allen's yards of encyclopedia to a primer, symptoms are yet so abundant and confusing, coupled with such generalities and psychical phenomena, arranged with such a multiplicity of stars, italics and parentheses, as to make the subject matter more difficult to comprehend than to decipher the Egyptian hieroglyphics. A differentiation of such an

accumulation may be so entertaining in the dotage of life as to pass for real science, but let us take the young man to a suitable eminence where the broad, liberal field of medicine will appeal to him, and he may feel himself saturated with the true dignity of the profession. Teach him that medicine is living under a new dispensation; that it has left the beaten track of "schools;" that it makes no objections to one's added knowledge from any source; that it places no restriction as to mode of treatment, but it does object to the teaching of the universality of one law of cure, and does object to a conglomerate practise under a homeopathic ensign.

It should be remembered, the "regular" profession has given us the discoveries with reference to the causes and prevention of diseases; the new methods for clinical diagnosis; the remedies upon which all must rely in times of greatest therapeutic need; and that it has filled our libraries with the choicest books of authority.

This was the mission of "An Equation of Responsibility:" to elevate the young man to the glories of a new medicine; not to challenge the old who were carrying homeopathic "chips upon their shoulders."

EDWIN W. PYLE, M.D.

Jersey City, N. J.

A Criticism.

Editor MEDICAL WORLD:—At the close of the year you have now and then called for criticism and suggestions in the matter and make-up of THE MEDICAL WORLD. Will it be out of place or impertinent to suggest change before I am again invited? I am thoroly tired of the "homeopath" discussions. I despair receiving any great benefit therefrom, and suggest that, as Brudner Gardner says, "we now percolate to de reg'lar order of business." You endeavor to please your patrons, of course, and if I don't like the things others do I can change for other journals I may like better. True enuf; but I don't intend to leave you if I can help it. I take it for granted there is no harm in expressing my opinion and preference, which is a return to the *regular* practise. If the other fellows prefer their practise let them "stick to it"; but don't fill THE WORLD with their discussions. It is not argument to say that "if they shall follow the rules of homeopathy they will be surprised;" nor to say, "I can cure malaria in every

case." The results of the practise do not show a greater percentage of recoveries, even in the cases of slight illness which would generally recover without treatment, and surely not in the gravest diseases, as diphtheria, etc. If many feel as I do, let's drop the whole business (these discussions).

This is not for publication and does not require a personal reply.

J. W. COLLIER, M.D.

Wellsville, N. Y.

[Doctor, first allow me to thank you for your frank expression. We get a never ending stream of commendation and praise. I don't care much for that. But there is a standing order in all the departments of THE WORLD that every criticism or unfavorable expression be submitted to me. I am constantly on the look-out for them, that I may use every endeavor to keep them down to the minimum, or prevent them altogether, and the latter we succeed in doing most of the time.

As our readers know, THE WORLD is unlike any other medical magazine. It is my constant endeavor to make it stand out individually and alone among the numerous medical publications, and this very fact makes it a favorite, tho its subscribers may read a dozen other medical periodicals. Usefulness and direct helpfulness is our constant aim; and if the Doctor will examine the numbers since the homeopathic discussions have begun, he will find the normal number of pages given to the usual topics in the usual "regular" way. We aim to give about 40 pages of reading matter; since these discussions have been admitted we have given from 48 to 50.

My wife is uncompromisingly "regular"; and these homeopathic discussions have worried her not a little. She predicted dire results, and asked me to promise her that I would show to her every complaint that should come from subscribers concerning these discussions. She was surprised that I was not immediately deluged with them. I had the pleasure of reporting to her from day to day "no homeopathic 'kicks' yet." Finally, one came (recently) which I immediately showed to her, but it was very mild in character, and as "one swallow does not make a summer," I decided to await further results. Then this one came, which I immediately showed to her, and I told her that I would do more—I would show it to all the WORLD readers, even tho the Doc-

tor says, "not for publication." Can anything be more frank, open and fair?

Let us realize the condition seriously, and face it. There are about ten thousand homeopathic physicians in this country. Can it be that what they are doing and how they are doing it is no concern to us? They have built up a separate system of hospitals, colleges, and a separate literature. Is this no concern of ours? Shall we not, at least, take enuf interest in such a large fact as to listen to their claims from their own lips? We cannot say that these ten thousand men are all dishonest. We cannot say that they are ignorant men, for we know that many homeopathic practitioners are educated. We think that they are mistaken men, misled by an airy theory. Then have we no duty in the matter? How long will it take two persons to understand each other by never speaking to each other? How much benefit can two persons be to each other by never speaking to each other? The better people understand one another, the nearer they are brought together, and the more helpful they are to one another.

THE MEDICAL WORLD seeks to be as broad as truth. Truth should be sought in every nook and corner, and recognized wherever found. Every pathy or ism contains grains of truth. They are ours if we will only take them. Even the osteopaths have shown that there is more virtue in deep massage than we have heretofore gotten out of it.

The homeopathic brethren have shown themselves to be very responsive—nearly a thousand having become WORLD subscribers. Think of the effect of THE WORLD going so extensively into their ranks!

Should we be content to plod along in our own furrow all thru life? or should we forbearingly and open mindedly seek truth from all who profess to have it, and offer our own convictions in return, all in a helpful, unprejudiced spirit? These "school" discussions will not be continued permanently (it is not our policy to continue one subject forever); but is not this subject of sufficient interest and importance to be given its "turn?"—Ed.]

Extracts from a Personal Letter.

[The following, from an old subscriber, was evidently intended as a personal letter, but as parts of it bear in an interesting

and instructiv way upon this discussion, we give the following extracts:]

Dear Editor: I am a graduate of the University of Leipzig, Germany, but have been a homeopathic physician for over fifty years; therefore the publication of several homeopathic articles in the last two numbers of your liberal journal has been of more than usual interest.

In your editorial answer to H. Cole's article (page 340) you draw attention to the fact that the point of comparison is lacking between the infectious germ and the potency. Is it not possible that a potency could produce a vibration or molecular motion in the nervous fluid, which, once started, keeps increasing? Or is there only *one* way (microbes) in nature of starting an effect? You cannot deny the hundreds of quick, almost instantaneous, improvements and final cures especially of old chronic, supposed incurable cases, stored up in our literature. Facts remain facts; the impossibility of explanation does not detract one atom from them. Think of the infinitesimals in spectral analysis perceptible to the optic nerve. Why could not such delicately acting nerves be affected by infinitesimals? Can you explain the powerful chemic action caused by the mere presence of a third apparently inactive body, wireless telegraphy, telegraphing thru solid walls, the actions of the x-rays, in chemistry the powerful effects by bodies in infinitesimal quantities? There has not been made a scientific discovery which has not confirmed the effects of infinitesimal quantities. I have enclosed three clippings from journals and draw your attention especially to Darwin's observations.

Now about the love or tolerance of the allopaths toward us: You call the facts on page 341 "ancient history." You must live in a sort of professional paradise. I find their intolerance, hatred and scorn as strong now as fifty years ago. There is no meanness mean enuf that they will not practise on us and glory over it, because they look upon us as either knaves or fools!

It is wonderfully refreshing to see your liberality, but where there is one liberal angel, there are a hundred spiteful devils.

I have been in Roseburg fourteen years and have called, thru courtesy, on seven or eight young and middle-aged alopathic doctors who have settled here since my coming, but not one has responded to my civility, not even out of respect to my

white hair. But, dear sir, it does not spoil my dreams. F. G. OEHME, M.D.

Roseburg, Oregon.

[As the clippings enclosed have an instructive bearing, we here reproduce them.—Ed.]

The affinity sometimes awakened between two substances by the presence of a mere trace of a third substance is among the wonders of chemistry. Fresh examples of this have been given the French Academy by M. Gustave Le Bon, who has discovered that the addition of *one part magnesium in 11,000 so changes mercury that it rapidly oxidizes in the air and has the property of decomposing water at a low temperature.* Magnesium with a trace of mercury, on the other hand, also has the striking new property of decomposing water. In both cases the acquired properties are lost as oxidation proceeds, but aluminum with a trace of mercury seems permanently altered. An extraordinary small trace of mercury causes it to oxidize rapidly and to decompose water, the reactions continuing until the metal is consumed. Coupled with platinum in a voltaic cell, the electromotive force is more than doubled, the electrolyte with the modified metal being simply water. Another property given is that of being readily acted on by acetic, nitric and sulphuric acids.

Leaving the substances which we might term imponderables, which apparently influenced the plant by weight alone, Darwin passed on to nitrogenous and non-nitrogenous substances, and made a great many experiments.

He tested the digestive power of the secretion of the glands and found it would thoroughly decalcify bone, enamel and dentine. Various salts and acids were called into the investigation; alkaloidal poisons, essential oils and other drugs, probably in all to the number of over 200 different substances, were used by this experimenter in his investigations with this wonderful little plant. Some agents caused infection and others did not so affect the tentacles. The plant showed a wonderful affinity for the phosphates for which there seemed a decided craving. Numerous phosphates were tried, but the highest degree of dilution was reached with the phosphate of ammonia, when decided infection of the tentacles was produced with a solution in which it was estimated a gland received but the 1-30,000,000 of a grain of the drug. This is not in reality an imponderable, but an infinitesimal, according to our homeopathic understanding of potencies.

Let us say a few words on the extreme minuteness of this dose. Few people comprehend what a 130,000,000 of anything is. It is one grain to over 513 gallons of water. It is as a shingle nail to four carloads of nails. It is an inch picket out of over 473 miles. Were these the words of Hahnemann, he would be termed a fool and a fanatic; but we assume that no one will question the fifteen years' work which the great scientist, Charles Darwin, faithfully devoted to our favorite *Drosera rotundifolia* in interest of science.

That the chemical energy of a drug could be increased by dilution has lately been demonstrated by an American physician, Dr. J. H. Kellogg, of the Battle Creek Sanitarium, in some experiments relating to substances which impede starch digestion.

The following table of results are significant to the homeopathic physician:

Oxalic acid.	Time.	Orange juice.	Time.
1-10,000	No action	1-200	11 minutes
1-15,000	25 minutes	1-500	4 minutes
1-20,000	19 minutes	Apple juice	
1-30,000	4 minutes	1-50	45 minutes
Lemon juice		1-200	4 minutes
1-200	No action		
1-500	42 minutes	Vinegar	
1-2,000	9 minutes	1-200	No action
1-5,000	7 minutes	1-5,000	40 minutes

"Experiments were also made for the purpose of determining comparatively the influence of the substances upon the action of malt diastase upon starch."

Oxalic acid.	Time.	Vinegar	Time.
1-2,000	No action	1-10	10 minutes
1-5,000	5 minutes	1-200	2 minutes
1-10,000	2 minutes		
Lemon juice		Lactic acid	
1-10	No action	1-200	No action
1-200	2 minutes	1-2,000	5 minutes

From all of which it follows that dilution energizes a drug therapeutically, pathogenetically and chemically.

Isomerism appears to indicate that the action of a drug is dependent upon its molecular arrangement. Dilution separates the molecules succession can affect this separation more speedily and at the same time more thoroly. That such a molecular separation enhances the chemical energy is

seemingly shown by the inhibiting influence of oxalic acid upon the digestion of starch—a dilution of one part of the acid in ten thousand arrests reaction, while one part of the acid in thirty thousand arrests starch digestion in four minutes.

Something More of What Homeopathy Is.

Editor MEDICAL WORLD:—The pharmacist has stood in the way of harmony from Hahnemann down, because Hahnemann prepared and furnished his own medicin. From that day to this Hahnemann's disciples have been ostracized because in their practise they do not pour down an unlimited amount of mixtures ordered from the druggist, on which he makes an incomputable profit, which is almost as hard as figuring out a high potency.

There is just one underlying principle in homeopathy, which if admitted and acknowledged by old school organizations, we would all be together. That principle is that an agent taken into the human economy and producing certain physiological effects, will antidote, cure, extinguish like effects when produced by morbid agents. Rob all materia medica of this principle and it would be poverty stricken indeed. Any one can demonstrate this. Pick up any work on materia medica and after reading the physiological effects of almost any drug, then look over in therapy and it will be indicated for very similar conditions to those it will produce on the healthy organism. Calomel, podophyllin, ipecac, quinin, digitalis, strychnin, iodid of potash are very plain demonstrations of these.

Just where the physiological ends and the therapeutic begins is hard to demonstrate; but wherever that line is is where homeopathy begins.

Now, the matter of figuring out the amount of medicin in a homeopathic prescription is an old gag, and unfair when it is done as an argument against homeopathy. There is only a comparatively small per cent. of homeopathic physicians who rely on infinitesimalism. It was only a second thought with Hahnemann. When he first applied the principle he would produce an aggravation of the drug effect, then stop his remedy. As an improvement on this he later decaest his dose to just short of the physiological effect. In his later days he experimented with infinitesimalism, but it is claimed he never went higher than the 30th. Many, and I think I can say a large majority of homeopathic physicians, seldom go above the 3x—i.e. 1 to 1,000, a very common dose for a regular.

These physicians experiment occasionally with the 30th, and sometimes higher, and frequently seem to get some remarkable results; but they are as skeptical of it as a regular is of his bread pills. It is thought by many of us that it is practically suggestiv treatment.

The American Institute of Homeopathy, and most of our colleges, anticipate that a homeopathic physician should be taught and know all that a regular is taught; beside, he should know and admit the principle of *similia similibus curantur*. Whether or not this principle is universal, and we are too finite to make the application, is an open question; and whether we believe it and the high potency theory, is a matter of experience, observation and credulity of the individual.

Hahnemann should have had the same recognition in the medical world that other great discoverers in medicin have. He was a scholar, a student, and an indefatigable worker. The fact that he was ostracized, and his great scientific discovery was not recognized, and given a respectful hearing, has resulted in the outgrowth of sectarian schools. Hahnemann should have had the same recognition in medicin that Harvy Tait, Lister, Koch, and all other great medical discoverers received, and there should have been no "schools" of medicin. They have been the result of bigotry, intolerance and prejudice on the part of physicians, and jealousy, selfishness, and greed of gain on the part of pharmacists, who, by persecution drove Hahnemann and his followers into an organization of their own; and it was given an identity by calling it homeopathy.

WILLIS E. BUCK, M.D.

Kingman, Kan.

[We give space to the above not only because of the clearness and frankness of the statement, but also because the writer is President of the Kansas State Homeopathic Medical Society, and hence we can consider his statement somewhat authoritative.—Ed.]

Editor MEDICAL WORLD:—The law upon which homeopathy is founded is a law of cure, and not a law of posology; nor does it have any connection therewith. Then why discuss a mere appendage to the principal proposition? Most of the adverse criticism of homeopathy to-day is based on the dosage—not on the law of "like

cure like." Samuel Hahnemann first gave this law publicity in 1796; and during the following 3 years we find him giving at a single dose "a few grains of arnica root, ignatia in doses of 2 or 3 grains to children from 7 to 12 years of age, camphor 30 to 40 grs., opium $\frac{1}{2}$ to $\frac{1}{4}$ gr., and $\frac{1}{2}$ 3 and 3 doses of cinchona," and it was not till 1799 that he began the practise of infinitesimal doses. Why? He was experimenting, just as doctors did before him and have since, not with the law, or principle, but with doses to get the best results. These facts certainly show us that small doses were the outcome of experience after the law of similars had been advocated some 3 years.

The good Doctor Piper (August WORLD, page 338) may have lost sight of the fact that there are two classes of adherents to the law of similars, either of which, as a whole, are as successful as average practitioners generally, of whatever belief or system. One uses the decimal scale to prepare potencies, the other uses the centesimal. One multiplies by 10, the other by 100. Observe the difference between the dosage of a high-potency man of the centesimal scale and a low-potency man of the decimal scale; yet both cure their patients, and prescribe on the same principle, each according to his experience, or his belief in the experience of others. Now, if Dr. Piper will compute on the centesimal scale, instead of the decimal, he will find he can add several more figures to his calculations. As a matter of fact, however, he is not familiar with the method used by homeopathic pharmacists in preparing the 30th potency, or he never would have written that article. A potency is not necessarily an attenuation or dilution. [Doctor, why not tell us. We always want information.—Ed.]

If the Doctor were to practise straight homeopathy awhile, he would do like Hahnemann of old; let his experience lead him as to dosage, and recognize in similia a greater certainty than nine-tenths of all the empiricism he ever learned; because what's good to-day in homeopathy is good to-morrow, which does not seem to be the case in regular (?) medicin. His experience would soon teach him that material doses of belladonna and activ delirium do not go well together. I would have us bear in mind that dosage is the result of experience and circumstance, and not of any law.

Give Dr. Chapman's case the following:

Phosphorus, 2x.....5j
 Aquæ puræ.....3iij
 M. et ft. sol. Sig.—One teaspoonful every 30 minutes until improved.

Phosphorus causes a sense of tightness, difficult expectoration, tight cough, dirty looking or brownish sputum, and hepatization of particularly the lower half of right lung, with other attendant phenomena.

J. W. WILTSHIRE, M.D.,
 Bloomington, Ind.

Editor MEDICAL WORLD:—As to homeopathy, it is said by one of your correspondents that as surgeons, aurists and electro-therapeutists are specialists in their respective lines, so the homeopathist is a specialist in therapeutics; and the implication is that he should be accepted as such by physicians generally. The weakness of this position is easily pointed out. Recognized specialists work in harmony with principles which we accept, while the whole system of homeopathy is founded on what we believe to be error.

The prime object of the science of medicine is, I take it, the cure of disease; and all branches of study pertaining to medicine are no more than means to this end. If this be true, then the understanding of therapeutics is the goal for which we have been striving; it is the flower and crown of all our effort. It is our duty to use and to contend for those means in the cure of disease which we believe to be efficacious.

One writer attempts to prove the reasonableness of "potencies" by citing the fact that a violent dermatitis may be brought about by the volatil particles blown from poison ivy growing by the roadside. How much of the plant, it is asked, enters the system?

The reply is, that if an appreciable quantity of the volatil poison could be administered to a susceptible individual thru the same channels, we cannot believe that the results would be less marked than those obtained from an infinitesimal amount. But how different with a "potency"; for here while a tangible dose may have absolutely no effect (lycopodium and "veg. carb." for example), a quantity as inconceivably small as the theoretic atom brings forth the most profound results!

In nature there is nothing analogous to this. *A priori* it can have no claim on our reason; and *a posteriori* it is found wanting.

Rocklin, Cal. B. WOODBRIDGE, M.D.

Shall We Peep Over Each Other's Fences?

Editor MEDICAL WORLD:—Doubtless many men honestly think that a medical journal should open its columns to any and all schools of medicine, putting itself on the same level as the mongrel "Family Physician's Home Doctor Book," which contains all varieties of treatment, from which you may make your wise selection. The result is confusion. In the case of the medical journal, its tendency is to destroy individuality and exhaustiv research and investigation. Without the opposition of the various systems and methods of healing we would not have had the medical advancement of the present day. It is by this "hammering away" and becoming cranks on certain phases of belief and scientific pursuits that all is gotten out of the matter, and, like a squeezed lemon, its contents are appropriated, and the peel thrown away. I am a homeopath, but I am not one to believe that homeopathy contains all the truth, for it does not. *Similia similibus curantur* is not a law—it is only a rule—unlike a law, which has no exceptions, but a rule, which often has many. For any one man, or method, or system to have the whole truth is to be infallible. All systems of healing disease have truths in them, even Christian science; and to know the whole truth you must know all systems, not excepting magnetic or spiritual healing, mental and Christian science, etc., etc. To say that one fails in curing a given case homeopathically because of human limitations, and not because of the law's limitation, may be predicated to any system of healing, material, mental, or spiritual. I have made a personal study and practical investigation and application of old school, homeopathic, eclectic, alkaloidal, suggestion (simple and hypnotic), mental science, Christian science, and physical culture or natural healing treatments. Have cured cases with each which resisted all other methods of cure—even that much ridiculed method of "absent treatment" has produced actually wonderful results. Gentlemen, let us be honest, and acknowledge that this wonderful microcosm called man is still very much of a mystery to us. After all our patient investigation into pathology, physiology, etc., we are still a long way from actual knowledge and mathematical precision. When a case of disease which has pursued a course extending over years, and had the best medical treatment

to be had in all schools, clears up and disappears completely under simple suggestion, it weakens our reliance in similia, contrari, or any other so-called "*law cure*." The fact is, that as the years go by, thinking men everywhere resort less and less to drugs and more to hygiene and the *vis medicatrix nature*.

Arguments between members of opposing schools of medicine are just about as unfruitful as between those of different religious beliefs—rarely does any good come out of it. A man must, in order to understand the position taken, admit the premise, else nothing can come of it except hostility. Our *beliefs* practically rule us. He who believes in large doses and polypharmacy scouts the little doses of the homeopath and eclectic, and vice versa; and he who does not believe in drugs, resorts to one of the various drugless methods of healing—and with benefit—we cannot deny it. That millennium we so often read about when all shall be of one mind in all things is a beautiful dream; but like many dreams, impossible of fulfillment. Indeed it is questionable if such a state of felicity would be beneficial—it might precipitate stagnation and decay. It is the obstacles we meet in life which keep us ever active and alert, and the opposing objects overcome which develops strength—mental and physical. "Truth is mighty and will prevail." Let none fear that it will not. If each man—each school—will concentrate upon its own work and let the others do the same, evolution will do more rapid work in the line of progress. It is the meddlesome busybodies who interfere with progress and make a mess of things in general. Usually the men of true scientific attainments and larger humanitarian traits who have done the most for the advancement of truth have said the least. The days of theories are passing—we want demonstrations. Those who wish to practise any system of medicine are at liberty to do so, as the literature of all schools is voluminous and open to every earnest student. To mix them promiscuously in the medical journals precipitates controversy, which too often leads to bitterness and more hostile opposition. "A little knowledge is a dangerous thing;" but to "know it all" is disastrous. The proper aspect is one of a student always. Let us assume that there are "sermons in stones and good in everything," and this attitude will enable us to

acquire and assimilate truth from every quarter as we desire it.

Dr. Chapman's hypothetical case of pneumonia demands *phosphorus*.

I like THE WORLD. It is the best in the school for practical uses. Yours for truth and progress. F. W. SOUTHWORTH, M.D.
Tacoma, Wash.

[Doctor, you are, yourself, a contradiction of your arguments. You admit having looked into every method of treatment and found good in all. Do you think that the rest of the WORLD readers are less inquisitive than you? Do you think that they are less broad, less liberal, less desirous of helpful knowledge than you? Let a man whose mental life is dammed up on every side utter such sentiments; you are a living contradiction of them. True, the best work is done by each one hammering away at his own anvil, but each worker need not be ignorant of what the others are doing—he should not ridicule the work of the others *because* he is ignorant of it. Persistent efforts in special directions have given us most of our progress; but the broad man makes the best specialist. He has side lights that his narrow, self-restricted brother knows not of.—ED.]

The Test Case.

For the convenience of readers we here repeat the test case proposed by Dr. Chapman, of Napa, California, in August WORLD, page 343:

Case. A large, robust man, aged 35 years. Health always good until one week ago, when he sat in a draft while perspiring freely. A severe chill lasting one hour followed, ending in a high fever, dry cough, pleuritic pains in the right hypochondrium. The expectoration became rust-colored and very tenacious, adhering to the vessel like glue.

Status praesens (seventh day). Great dyspnea; must sit well bolstered up in bed. Complaints of tightness of the chest. Cough tight, expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper. Respirations 50 per minute; temperature 105°; pulse 130, weak and thready. Physical examination reveals hepatization involving nearly the whole right lung.

Now here is a man who must have help immediately or he will die. We do not need to quibble over the pathology or diagnosis. Every reader recognizes it as pneumonia. I ask the readers of this journal to prescribe for my patient. Does the old school dare stand this test? Will the Editor publish the names of the prescribers and their prescriptions? I believe that he will, for he is an earnest seeker after the truth.

As this case was proposed by a homeopath, and as homeopathic replies have been the most numerous, we will proceed with them first. This will be an interesting peep into homeopathic practise. It will be seen that nearly all recommend the same remedy, phosphorus. Drs. Solon Abbott, of Franklin, Mass., W. J. Hawkes, of Los Angeles, Cal., and T. G. Roberts, of Chicago, simply say that phosphorus is the remedy, without saying anything about strength, dose or expected results. Dr. F. G. Oehme, of Roseburg, Ore., says "Phosphorus, 6th dil. or higher." Dr. E. T. Balch, of Santa Barbara, Cal., says "Phosphorus—30." The following contributors enter into fuller details:

Editor MEDICAL WORLD:—Dr. Chapman's case needs an infinitesimal dose of phosphorus. In such a critical case I would give a single dose, and then wait and watch for further indications.

Waco, Texas. S. W. COHEN, M.D.

Editor MEDICAL WORLD:—Give Dr. Chapman's patient phosphorus; because that drug has repeatedly produced similar symptoms in healthy people and clinically has proved wonderfully effective. Give in any dose provided it is small enuf not to aggravate.

H. A. WATTS, M.D.

Portsmouth, N. H.

Editor MEDICAL WORLD:—In the test case of Dr. Chapman, I would prescribe phosphorus in the thirtieth potency, ten drops in half a glass of water. A teaspoonful to be administered hourly for two hours, and then every two hours. As soon as an improvement is noted, I would stop all medicin. The result expected would be an improvement in all symptoms, because phosphorus is the similia according to its proving and the homeopathic law of cure. When the symptoms stated in the case change, another remedy is required to meet the new group of symptoms.

LESTER E. WALKER, M.D.

Norwich, Conn.

Editor MEDICAL WORLD:—Dr. S. E. Chapman's "test case" in August WORLD, needs phosphorus badly. He can give it in 30th, 200th or cm potency with perfect confidence of a cure, provided he does not repeat too often. After this remedy

of course he must watch the symptoms to see if any change occurs demanding another drug. Phosphorus may complete the cure.

G. F. THORNHILL, M.D.

Paris, Texas.

Editor MEDICAL WORLD:—At the request of Dr. Chapman, I will prescribe for his patient ill with pneumonia. Phosphorus, in my opinion, is the indicated remedy. I would give the 6th potency. Now for the benefit of our old school brethren: How is it indicated? It is indicated because when you get the physiological effect of the drug the condition will be exactly similar to that of the patient.

L. K. SHIPMAN, M.D.

New London, Conn.

Dear Dr. Taylor:—The patient whose symptoms are related in your August WORLD needs phosphorus. I prefer, because if experience with it, the 6x, one grain tablet triturates. Would give this remedy *because it alone is the similia to the case mentioned*. Would prescribe thus:—

℞

Phosphorus 6x trit. tabs. (gr. j each).

M. Sig.—One tablet hourly till better; then same dose every 3 hours till all O.K.

R. B. LEACH, M.D.

St. Paul, Minn.

Editor MEDICAL WORLD:—The symptoms in Dr. Chapman's case of pneumonia call for only one remedy in the materia medica, *i. e.*, phos.; and if your doubting friend, Dr. Piper, should meet with a case exhibiting exactly those symptoms and give phos. in the 200th or 500th, put up by a reliable house, like Boericke & Tafel, he would have his eyes opened in so far as the efficacy of homeopathic medicin is concerned.

No homeopath has answered his peculiar query for the simple reason that no homeopath thinks it worth while; nor is it of much consequence whether he believes in the 30th potency, or in the X-rays either, so far as I can see. I read those old calculations in Holmes' lectures forty years ago.

H. H. READ, M.D.

Halifax, N. S.

Editor MEDICAL WORLD:—Give that man in Dr. Chapman's test case phosphorus—any place from 3x to cm potency; but the higher you give it the quicker and better will be the results. He will improve on this, and when it becomes necessary to change the remedy, base your next

prescription on the *totality of the symptoms*. What the indicated remedy will be I can not tell you until the Doctor favors us with a report of the case.

Lafayette, La. R. B. RANEY, M.D.

Editor MEDICAL WORLD:—The remedy for Dr. Chapman's test case, page 343, August WORLD, is phosphorus. Any potency above the 12x will do; preferably the 200th, one dose dry on the tongue, remedy not to be repeated while improvement continues in the patient.

Incidentally, Dr. Chapman may be gratified to learn that an article of his appearing in the Medical Advance about 1889, a test lycopodium case, first directed my attention to a serious study of the law of similars. He has, perhaps, labored better than he knew. JULIA H. BASS, M.D.

Austin, Texas.

Editor MEDICAL WORLD:—In answer to Dr. S. E. Chapman's request in your August issue, permit me to state that to me as a homeopath, the treatment would be very simple and easily applied. No local applications should be allowed. Give the man plenty of fresh air and all the water he desires, with milk for food. The milk must be given little and often. The medicine indicated in this case does not require any study because the symptoms point to it in a clear and unerring way. More than this, the symptoms contain one grand characteristic or guiding symptom viz.: the expectoration flying to pieces like batter when it strikes the paper. Of all the 400,000 symptoms recorded in the homeopathic materia medica, obtained from nearly 2,000 remedies, there is but one remedy that has this symptom, and that is phosphorus. I would prescribe it in the 200th potency, a small powder dissolved in six teaspoonfuls of cold water and one teaspoonful every two hours until better, then discontinue as long as the improvement lasts, when a single dose may be given and wait until that has exhausted its curative power. In this way the remedy can be given until the patient recovers, or the symptoms change and therefore indicate some other remedy. In order not to mislead those who do not understand homeopathy, it becomes necessary for me to further state that I did not select phosphorus because it had the one leading symptom, but because it has all the other symptoms as well; but this one is the peculiar or guiding; some call it a key note

or key symptom because it unlocks the case to the prescriber.

Brockton, Mass. D. H. SWOPE, M.D.

Editor MEDICAL WORLD:—Allow me to prescribe for case of Dr. Chapman in August WORLD. He wants phosphorus. Give him the 30th or 200x, and yet if you must have the material dose use 2x. The better results will come quicker from 200th. Doctor, do not ridicule the potencies till you have tried them. I began with tinctures, and now use 30th. Usually use it at least in nine-tenths of cases, and results are better. Reason for this R: The symptoms are found under phosphorus so distinctly that to give another remedy would be (to a homeopath) criminal. The drug has produced these symptoms in provings, as vouched for before my day and generation, and I have relied on the drug in similar conditions never to have it fail, and in potency, for the last six years. The system will respond because the remedy is tuned to right key, and strikes the proper chord; and disease symptoms will be eliminated. Hence the result. For first symptoms following checking of perspiration, had patient been given aconite 30th or 200x, there would have been no occasion for subsequent R of phosphorus. Reason: Aconite would cure the symptoms and thus the disease would be cured. Failure to get aconite necessitates phosphorus later.

A. C. SHUTE.

Pottstown, Pa.

Editor MEDICAL WORLD:—In the test case outlined by Dr. S. E. Chapman in the August WORLD, my prescription is phosphorus 3x, 10 to 20 drops in 4 oz. of water, one teaspoonful every one, two or three hours until relieved. Later treatment determined by condition of patient and symptoms present.

Reasons: Phosphorus in its provings on a person in health produces symptoms similar to those present in this case. It is therefore the homeopathic remedy. The dose and the frequency of repetition are matters to be determined by judgment and experience. One prescriber might give the crude drug, another the 200th dilution; and both are curative, for both are homeopathic to the morbid condition present in this case. The size of the dose has nothing—absolutely nothing—to do with the law of similia; but years of clinical experience has demonstrated that the successful application of

the law requires—demands—that the indicated remedy be administered in doses that will fall short of producing its physiological effects.

JOHN B. MCBRIDE, M.D.

Zanesville, O.

Dear Editor:—I accept with pleasure the opportunity to prescribe for your pneumonia patient described in the August WORLD. *Phosphorus* and phosphorus alone will cure this patient. It may be given either in the lower or the higher attenuations. The 30c will cure him much quicker than the 3x.

Fifteen years since I would have prescribed morphin for the pain, strichnin and digitalis for the "heart failure," quinin to "support the system," with application of ice or cold water to the chest to control temperature. Then I should have given an unfavorable prognosis!

J. C. WHITE, M.D.

Port Chester, N. Y.

Editor MEDICAL WORLD:—I understand Dr. S. E. Chapman, in the August WORLD, to simply call for the drug prescription for his case of pneumonia. His object is to show that we homeopaths have a law to govern us in prescribing, and that when that law is understood and obeyed, all homeopathic physicians are bound to make the same prescription in a given case. My prescription for the case in question is phosphorus 3x, 10 drops in a tumbler half full of water, a teaspoonful to be given every two hours.

Of course the prescription is based upon the symptoms as given, and while there are a number of drugs which have most of the symptoms, phosphorus is the only one having the peculiar symptoms: "Expectoration flying to pieces like batter on falling." Phosphorus is also particularly indicated by "hepatization involving nearly the whole right lung."

JOHN Z. LAWSHE, M.D.

Atlanta, Ga.

Editor MEDICAL WORLD:—The following homeopathic remedies are suggested for the case described by Dr. Chapman in August MEDICAL WORLD:

During the first stage, as described, aconite would be the most useful remedy, especially during the first several hours. Aconite would greatly modify or abort this case of pneumonia, if it accomplishes what we ordinarily expect, so that the late stage, as described by Dr. Chapman,

would not occur. However, we frequently find bryonia useful after the disease has become a localized inflammation, the symptoms for its use were not described in Dr. C.'s article.

For the last described condition, phosphorus would be the remedy indicated, and if it did not work quickly, sulphur would be apt to aid its action; say a few doses of sulphur 200th potency as intercurrent remedy.

Those who are so scrupulous about material doses in their treatment ought to use the same diligence and demonstrate to us the exact size of the dose received by Dr. C.'s patient who sat in a draught that produced a severe attack of pneumonia. It is entirely unfair to require, in every case, material doses or definitely known quantities in the treatment of disease, when it can be demonstrated that many diseases, especially of functional nature, have immaterial causes. The truest that may be said here, is that disease may be caused and cured by immaterial forces. No doubt the writer to THE WORLD who was so exacting in material dosage had in mind the drug force measured by grains, ounces, etc. Such knowledge is quite in place and essential when we are treating for primary or physiological results of drugs. This knowledge is utterly helpless when we wish to obtain the secondary or true therapeutical effect of drugs. This secondary action of drugs is hardly known beyond the homeopathic field, since it is best obtained by means of the small or potentized remedy.

I have seen the 30th potency of opium relieve obstinate constipation in 12 hours and regularly every day following, where previous to this time the nurse was compelled to give the patient high injections of hot sweet oil for relief. This was not Christian science, nor suggestion according to Hudson's Psychic Law. Neither I nor the patient, my wife, expected relief, at least so quickly and permanently as was afforded thru this unknown quantity of opium, while the most laborious mechanical means was only able to palliate the condition. This was a secondary effect of the drug; the opposite effect being manifest when diarrheal evacuations are checked by the administration of large and material doses of opium, or when constipation is produced after opium has been taken for any reason.

Contrary to favorable psychological

conditions, many students and physicians put homeopathy to the test with unbelieving hearts. I am one of this class. We have found splendid results. Others will find the same if they will only test the matter regardless of faith. Doubt, if you like; facts will convert you soon enough, if trial be made.

E. CALDWELL, M.D.

Chicago, Ill.

Editor MEDICAL WORLD:—Referring to case of Dr. Chapman, in the current number of THE WORLD, would say the case, from a homeopathic standpoint, calls for *phosphorus*; and should be given in the 30th potency or higher! Better still, the 200th!

C. G. SPRAGUE, M.D.

Omaha, Neb.

Editor MEDICAL WORLD:—A few weeks ago I subscribed for your journal for the remainder of the year, just to give it a trial, and I am so pleased that I want it sent to me regularly after the first of the year, and I will remit at the proper time. I enjoy especially the discussion of homeopathy by members of your school. Also, get much that will be of real use to me from the articles written on other subjects. You are certainly to be commended in your effort to establish a more friendly feeling among the members of the different schools. I think what we need is to understand each other better.

Below is my treatment for Dr. Chapman's case, given in the August WORLD:—For first group of symptoms, give *aconite*, 3x, every hour. Cover chest with soft muslin jacket, opening on the side, or, perhaps better would be jacket made by putting cotton batting between two layers of cheese cloth.

For second group of symptoms, or those found on the seventh day, give *phosphorus*, 2x, internally, every half hour for six doses, then every hour. Use stimulants if heart sounds become weak or muffled. Diet, light but nutritious.

I hope that there will be a free discussion of this case, which can only result in good to all the readers of your splendid journal.

CHAS. E. SMOOT, M.D.

Richmond, Ky.

Editor MEDICAL WORLD:—*Phosphorus* is the remedy for Dr. Chapman's case described on pages 343-4, August WORLD. This remedy is selected from the homeopathic indication of the characteristic expectoration. If any medication will

save that patient, *phosphorus* must be given.

CHAS. E. WALTON, M.D.

Cincinnati, O.

Dr. W. H. Pulford, of Delaware, O., says that tho a little earlier *aconite* may have been called for, *phosphorus* is now clearly indicated. He mentions the fact that the true homeopath is far removed from polypharmacy, as shown by the use only of the single drug indicated.

[QUERY.—What would our homeopathic friends do if this man had not the peculiar sputum "flying to pieces like batter?" Is this present in every case of pneumonia in this stage? Is this feature, when present, so important as to overshadow everything else?

Later: Several other articles are at hand from homeopaths advocating *phosphorus*, but both on account of lateness and the crowded condition of our columns, they could not be admitted.—ED.]

Editor MEDICAL WORLD:—For Dr. Chapman's test case, give *lycopodium* 30th or higher. No other drug in any way for those symptoms.

H. P. HOLMES.

Omaha, Neb.

Editor MEDICAL WORLD:—In Dr. Chapman's case of pneumonia, I think I should have given *aconite* and avoided further difficulty. If I had been called late in the case, I should think *lycopodium* the remedy. The indications are not as complete as they should be, but such as are given call for the latter remedy.

Chicago, Ill.

FRANK WIELAND.

Editor MEDICAL WORLD:—If Dr. Chapman's case of pneumonia described in THE WORLD of August, gets *lycopodium*, the 30x or higher, he will recover in fine style. I have had several cases with those symptoms and the remedy acted like magic. It does not matter how you give it, in the dilution or trituration, only get above the 30x.

I am well pleased with THE WORLD, and your idea of having communications from all schools. We have a Physicians' Protective Association here, and all the doctors of the place belong to it. We get along finely. It is a grand collector. The president and secretary are homeopaths, while the two vice-presidents are old school. There is no jangling or quarreling between the doctors here that used to prevail before the organization of the associ-

ation. It has produced a friendly, sociable feeling among the doctors, and they will all stand by each other, which makes one feel safer and more secure in his practise.

J. R. SIMSON, M.D.

Tonawanda, N. Y.

Editor MEDICAL WORLD:—In Dr. Chapman's case of pneumonia, as detailed in August WORLD, I can say I would pin my faith to *lycopodium*; and probably the 30x would be the attenuation used (the attenuation for which your old school men say there is not water or alcohol enough on the earth to dilute an ounce). If the "regulars" will lay aside their blisters and hydrg. chlor. mite. and potass. iod., etc., in such conditions as exist in Dr. Chapman's case, and give a little of that "inert" powder named above, they would have the satisfaction, in most instances, of seeing the patient snatched from the "jaws, etc." I am of the "regular" school, and many years ago had a typhoid pneumonia case that I had given up to die. A homeopath was called in consultation (at request of family). In a quiet, unobtrusive way he suggested phosphorus. In twenty-four hours the whole aspect was changed for the better, and my patient recovered. This and many other instances similar is what induced me to study the symptomatology of drugs and prescribe accordingly. I am not a "pathist"—simply a doctor. J. O. BATES, M.D.

Muskegon, Mich.

Editor MEDICAL WORLD:—The remedy for the hypothetical case of Dr. E. Chapman is *lycopodium*. Such a serious condition as this needs a more minute examination. We would therefore make inquiry upon the following additional points: Is there any aggravation of the morbid symptoms night or day? If so, when? What is the condition of the mind and sensorium? How is the urine? What is the appearance of the tongue? Is there thirst? If so, its character? Are there any unusual or peculiar physical manifestations?

As described by Dr. Chapman, I shall expect to find this man irritable and feeling every way decidedly worse during the latter part of the afternoon and early evening. He will complain of little or no thirst. His mouth and tongue will be dry, urine scant and showing a red sandy sediment. If I examine his feet I shall find one hot and the other cold. When

he breathes there will be a fan-like motion to the wings of his nose. This will fill in the frame work of the picture.

Why do I prescribe *lycopodium*? First, because it is especially adapted to this condition of the lung and stage of the disease. Second, because it has been observed to produce exactly the character of sputa described. Third, because all the other given manifestations harmonize with those of the drug. Under these conditions we will have a right to expect from this remedy prompt and favorable results.

If after a few days the progress to recovery becomes slow, sulfur will assist in completing the cure.

In addition to the medication I should envelop the entire lung with a thick layer of antiphlogistine, and administer all the liquid nourishment the stomach would tolerate.

S. J. QUINBY, M.D.

Omaha, Neb.

[I felt like congratulating our homeopathic friends on their delightful uniformity ("regularity"), until these *lycopodium* communications came in.—ED.]

Replies from "Regulars."

The replies from the regular profession are not numerous as yet. Perhaps they have not gotten their armor in good shape yet. However, it is early for pneumonia articles, and we wish Dr. Chapman had proposed a test on some condition prevalent at the present season. However, the pneumonia season will soon be with us. This discussion will be a preparation for it. Following are the few "regular" replies that have arrived. Our eclectic friends have not been heard from yet. How about the hydropaths? Would the osteopaths undertake a case like this? Don't be "backward about coming forward."

Three cheers to THE MEDICAL WORLD for its broad and many views on the practice of medicine. Most of its readers already rejoice over its having an Editor who is not so bigoted as to think that any one school is so staunch and independent that it can ignore all possible help from whatever source. Because all true physicians are looking for help, from any and all sources. I have observed the fact that THE MEDICAL WORLD seems to be more universally read in all three schools than

most any medical journal. Probably due to the fact that it contains first class articles from all sources. I have often wished for a journal of a universal type that would treat given cases by all three methods, so we all may compare treatments and results—something on the line of Dr. Chapman's request in August WORLD. I hope many will reply on the subject named. As for my reply, altho my alma mater is a staunch allopath, my line of treatment for that case would be phosphorus 2x, gtts. x in one-half glass of water. Give a teaspoonful every one and one-half or two hours. C. A. PALMER.

Farmingdale, N. J.

✓Editor MEDICAL WORLD:—In regard to the case of pneumonia that Dr. Chapman is afraid will die, it seems to me that the crisis should occur at any time, if the patient is not already in that stage.

I do not think that any special drug, homeopathic or other pathic, will do much good, except cardiac stimulants, strychnin and whiskey; with cold water sponging and alcohol baths, to reduce temperature, and incidentally to produce deeper respiration and better oxygenation by the reflex action.

The Doctor has stated a case in which a few hours time will decide the case favorably or otherwise; but I should not think the case absolutely hopeless because of the thready pulse and batter sputum. Crowd the stimulants, Doctor, sustain the heart, and earn the gratitude of the patient for having "cured" him of a self limited disease—if he gets better.

E. T. STEADMAN, M D.

Hoboken, N. J.

Editor MEDICAL WORLD:—Inclosed find \$1.00 for WORLD. You say at the close of Dr. Chapman's article on page 344: "The above is a fair proposition." I think not. Is Doctor Chapman giving the condition of one of his patients? or a hypothetical one? If the latter, then how are we to know who will give the right treatment? If one of his own cases, unless he can assure us that he had a great number of cases like he describes, and cured them all, what value is his treatment in one isolated case? If he lets many of his cases get in the condition of this one, it is too much like throwing one into fits and then curing the fits. I don't like to see my patients get in that condition. When they do I expect death to follow. I have helped men to live

that were in a very bad condition. If the Doctor can only cite a few cases then one can say truthfully it was the man's hold on life and not medicin that cured him. It looks to me like the Doctor is betting on a sure thing. He gives one case in his own practise that is an exception—one that he has cured, or one that has recovered with great odds against him, and holds that up and says: "Look! can you beat it?" when in all probability he can't do it again himself. Doubtless we will get benefit from the replies. J. R. SCOTT.

Garnett, Kan.

[It is our understanding that this is a hypothetical case. Also, that the patient was without treatment up to the time mentioned. And that this was done in order that a strong, clearly defined clinical picture might be drawn.—Ed.]

Editor MEDICAL WORLD:—I have been reading the homeopathic discussion in your columns with considerable interest. In twenty-four years of practise I have learned that nature is wondrous kind, and very, very often we doctors take credit for cures and give credit to drugs to which we and they are not entitled. In the bulk of ailments the tendency is to recovery regardless of drugs, and herein lies the success of Christian science and faith cures; and also where "high potencies work short of the miraculous." All we can hope for from drugs is to aid nature. If the vitality is so low that nature is overcome, all the drugs in the world will be useless. How many cases we all have known in our experience that recovered in spite of the treatment. How many, many that would have recovered had not a dose of medicin been given; and in none are we more prone to take credit for cures and extolling certain drugs as almost specific, than in pneumonia. This brings us to Brother Chapman's test on pages 343 and 344, August WORLD. My treatment of pneumonia is considered a little antiquated and old foggy by many, in this day of new things; but the pneumonia patients almost all recovering under it whether by, or in spite of the treatment, I have never felt like discarding the bridge that uniformly carried my patient over, or seemed to. This is what I would have done for the case:

A good old fashioned flaxseed and mustard poultice of ample dimensions with mustard enuf to keep surface intensely

reddened; changed often and kept on moist and hot; control the pleuritic pain by hypodermics of morphin and atropin; the cough, with an expectorant, the base of which is syr. scillae comp.; the temperature with acetanilid (in connection with strychnin or alcohol if necessary). No one can have a better record on pneumonia than myself for the twenty-four years, unless there is some brother who never lost a case in that time. In lung inflammations of children I would rather risk a jacket poultice of flaxseed and mustard continuously applied hot and moist *alone*, than all the drugs in the universe without it. D. BOSWELL, M.D.

Wisner, Neb.

Editor MEDICAL WORLD:—Permit me to answer the question propounded by Dr. S. E. Chapman, of Napa, California, in regard to the treatment of his hypothetical case of pneumonia. Let me, however, say that the Doctor's case is not typical. No case of pneumonia under modern rational treatment should ever get to such a condition as he describes. But if such a condition of pneumonia patient ever exist, the indication for the drug treatment is obvious, to wit:

Aconitin (crystals) $2\frac{1}{2}$ gr.

Strychnin sulf. $\frac{1}{80}$ gr.

Every two or three hours according to effects.

And why?

The aconitin will relieve the vasomotor spasm and inhibit the heart, and consequently equalize the circulation, and the strychnin will tone up the organism. Other things may be useful, but the above is the *rational treatment* of such a condition as Dr. Chapman describes; and I challenge Dr. Chapman or any other man or woman claiming the right to the name of physician to *produce proof* of anything better.

Willmar, Minn. CHRISTIAN JOHNSON.

Editor MEDICAL WORLD:—I submit treatment for Dr. S. E. Chapman's case of pneumonia: First, hypodermic with $\frac{3}{4}$ gr. phos. codein and $\frac{1}{160}$ gr. atropin. Follow in fifteen minutes with intravenous transfusion of one pint normal salt solution. After reaction from transfusion, rub 45 grs., ungt. Crede into the skin of the abdomen. Repeat transfusion every six to twelve hours as indicated, and ungt. Crede every twenty-four hours. Use codein and atropin only as needed to relieve pain and nervousness. Give $\frac{1}{16}$ gr. strychnin nitrate every eight hours, with

the best nourishment you can get at the home of the patient.

The treatment offered is so plain, the results expected from each agent so self evident, I think an explanation unnecessary. The treatment as outlined has enabled me to change an unfavorable prognosis to a useful citizen in several instances.

Bellevue Tex.

JNO. W. HYATT.

Editor MEDICAL WORLD:—For Dr. Chapman's pneumonia patient I would prescribe creasote carbonate, grs. 7 to 15; strychnin sulfate, gr. $\frac{1}{8}$ to $\frac{1}{16}$ every three hours; with food and perhaps whisky. I would expect recovery if the "robust" patient had a fair amount of vitality left. I would say, however, that had he begun taking the creasote in the first forty-eight hours, the chances are *at least* nine to one that he would now be practically well. This is shown by my experience for more than seven years, and that of many others. A compilation of some of these I publish in the New York Medical Record, March 30, 1901. I. L. VAN ZANDT, M.D.

Fort Worth, Texas.

Editor MEDICAL WORLD:—For Dr. Chapman's case: In the first place, the case is fraught with great danger; the prognosis unfavorable: However, I will briefly give him the only treatment that will save the patient, if anything in our line of practise will. The first indication is to be met by depletion. Drug medication is entirely too slow in his case. Blood-letting is the chief anchor. Bleed freely and copiously until he can lie down in a horizontal position. Bleed till pulse is normal and respiration twenty per minute. Then give the following

℞ Tartar emetic..... gr. ij.
Ipecac..... gr. xx.
Mix—Make into five powders.
Sig.—One every two hours.

Also give quinin sul., five grains every three hours, and five grain doses of Dover's powder every four hours. Give whisky and arom. spts. of ammonia as general stimulus; nux vomica and digitalis as cardiac stimulus; blister over the pain; move the bowels with sul. magnesia. If bilious, give calomel, gr. 5 every four hours till operation, then move off with castor oil and turpentine. Bathe the feet in warm water, or give a full bath, temp. 100° F. Mustard poultices may be applied over the pain, if any, at various times.

The after treatment will be according to indications.

The family of THE MEDICAL WORLD will no doubt call me a foggy when they see that I am a great believer in my old text books: Wood's Practise of Medicin, also Eberle's works, and all of the old writers of our young days. I am of the old school. Have been a "pill driver" for forty-nine years—now 70 years old. Will probably pass away soon. Yet I take a great interest in the welfare of my patrons, and may stay with them as long as I can do the work they need.

I started out in the practise, in East Tennessee near Sneedville, where our old friend Dr. J. B. Mitchell has such a time with his typhoid patients amid squalor and filth. I can say that I too was lucky in those cases there; more so than any other locality in which I have done practise, which was in Northeast Kentucky, North Indiana and Southwest Missouri, where I have been thirty-five years. I am truly sorry that the practise of venesection has been discarded by the profession, for I am one who can testify to the fact that since it went into disuse over 40 per cent. more mortality in pneumonia and other inflammatory diseases has been the result.

A. R. GONCE, M.D.

Walnut Shade, Mo.

[In this "test case" of pneumonia, we wish to call attention to the fact that, according to the natural history of the disease, the patient would be at the time given, the seventh day, very near the crisis, or perhaps he may be in the crisis at the time described. In this connection we suggest that those who wish to make a rational study of pneumonia read up carefully on the natural, or clinical, history of the disease, in all the authorities within reach. If untreated, this patient, should he survive the crisis, which would be a matter of only from about 12 to 24 hours, or less should be now in the crisis, would get rapidly better, and resolution would begin and proceed rapidly. Let us beware how we give credit to medicins, either of the material and heroic, or of the infinitesimal kind. However, we do not wish to intimate that the patient does not need treatment. He is sorely in need of the right

kind of treatment—just enuf, but not too much. But the Editor does not wish, at present, at least, to appear in the contest. —ED.]

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Read this Before Asking for Help.

THE WORLD has posed as a helper for many years. We have never faltered, and have never refused to do the best we could do, and angels could do no more; but we sometimes fear the said angels might make uncomplimentary remarks if they should see some of the communications sent us. If you want the benefit of experience and the use of extensiv libraries, you must tell what you want; but we cannot agree to give "absent treatment." Before writing to us, do all you can for your case, and read up on it as extensively as your opportunities will permit. If you do not possess late editions of standard authorities, *get them*. You can't practise your profession successfully unless you continue to be a student. Your college life was only an introduction to the study as well as the practise of your profession. You should purchase at least several late books per year, and study them. Do not submit your cases to us merely to get us to do your reading up for you. If you write us for information, give us all details without verbosity. One page of manuscript will generally give the history and symptomatology of any ordinary case, even if carelessly written. Age, sex, previous history, sketch of family history if cancer, tuberculosis, or syphilis be suspected, condition of emunctories, state of the skin, respiration, pulse and its character, temperament, digestion, bowels, appetite, and duration of illness, and special symptoms of import, and your treatment to date, with results. If we have such data, we can often suggest help that will be valuable. If such details are not given, we can only reply from what information is furnisht, and our replies necessarily cannot be as accurate or helpful as we would wish. We want to do good every time we answer a letter, and we also want to save our time and space. Many letters we get require much pruning and considerable time, where if the writers used a little more discretion, we could answer them in half the time. Write legibly. Do not ask for personal replies except in very exceptional cases. Sign your name, and give your address. THE WORLD does not go to your patients, and there can be no objection to physicians knowing of the name of the inquirer. In exceptional cases it may be advisable to use a nom de plume, but they are rare. Read the queries and replies as thoroly as you read the

rest of the journal, and if you see where you can improve on the Editor's opinion, write to the inquirer or to us. Our criticisms are for the benefit of subscribers.

The following formulas are asked for:

Coke's Dandruff Cure.
Roger's Tobacco Specific.
King's Consumption Cure.

Aikaviv.

Kennedy's Neuralgia and Rheumatic Dissolvent.

Kennedy's Medical Discovery.

Take of—

Sneezewort..... 1 oz.
Bitter-root..... 4 dr.

Mix and add—

Boiling water..... 8 fl. oz.
Proof spirits..... 10 fl. oz.
Licorice root..... 4 dr.

Macerate for 48 hours, then add—

White sugar..... 4 oz.
Tinct. gaultheria..... 1 oz.

—King's American Dispensatory.

King's New Discovery.

The following is said to represent its composition:

Take of—

Sulf. morphia..... 8 gr.
Fl. ex. ipecac..... ½ dr.
Chloroform..... 60 drops.
Tinct. white pine..... 2 oz.
Water..... 7 oz.
Carbonate of magnesia... ½ oz.
Sugar..... 14 oz.

Rub the magnesia with one ounce of the sugar in a mortar, and triturate with the tincture of white pine and the fluid extract of ipecac; gradually add the water, and triturate with the mixture in the mortar. Filter and dissolve the morphia sulfate in the filtrate; mix the chloroform with the rest of the sugar in a bottle and add the liquid above. Keep in a tight vessel.

—New Idea.

Goiter.

Editor MEDICAL WORLD:—I have a case of goiter in a very handsome married woman of about forty. She is distressed, and makes a strong appeal for relief. The left half of the gland is as large as a chicken's egg; the right half is about half as large, and all growing slowly. Now do you believe to your satisfaction that there is a cure for it?

Paynes Depot, Ky. W. T. RISQUE, M.D.

[Goiter is not curable by any known drug or operation in a sense in which we would call a universal cure. Many cases are benefited by the prolonged administration of potassium iodid, ergot, belladonna, or thyroid extract. Thrusting a needle into gland and applying electrolysis has given good results in a few cases.

Surgical removal of the gland has been disappointing; the mortality of thyroidec-tomy is high. The use of the thyroid preparations offers the best therapeutical resource of the day, but a cure is not to be promised. Local applications of ichthyol have proven useful in some cases, as have also the tincture of iodine, iodoform, and potassium iodid ointments. Tell her you may possibly cure her, and will probably relieve her symptoms if she will undergo a prolonged course of treatment, but be chary of promises.—Ed.]

Obscure Stomach Trouble.

Editor MEDICAL WORLD:—J. M., male, aged 57, has always enjoyed good health until about eight months ago, when he began to complain with stomach trouble. Has taken treatment from three other physicians, with very little benefit. I was called to treat the case June 1, 1901. He had been confined to the bed for three weeks, very weak and very much emaciated. Symptoms: Vomiting from one to two ounces, of a tuf, glairy mucus and bile, slightly streaked with blood, which occurs about once a day, in the morning; during the day he spits up about the same amount; extremely constipated. Gets dizzy and blind whenever he attempts to raise up or turn on right side. Heavy brown coating on base of tongue, and red on tip and sides, but not pointed. Pulse 50 per minute. Has but very little formation of gas in stomach and bowels. Has no pain at all, says he feels well enough to get up and go about if he had strength. Have not been able to detect any tumor or hardness about the stomach to indicate cancer. I have been giving the following treatment.

Diet: Milk and beef tea. Medicin: Fowler's solution of arsenic, bismuth subnit., carbolic acid, silver nitrate, iodoform, sulfocarbolates, tr. nux vomica, and nitro muriatic acid. Have kept up an action of the bowels by copious injections of warm water and by use of salines. These medicins have been given a pretty fair trial during the time I have been treating the case, with but little change.

O. R. YOUNG, M.D.

West Rushville, Ohio.

[Dizziness on turning on the right side would indicate liver trouble. Read up on liver diseases. Perhaps some of our readers will discuss this case.—Ed.]

Hysteria.

Editor MEDICAL WORLD:—I have a patient, female, age 20. Married two years, has no children; family history good, as far as I can get. At present her condition is as follows: Very tender over each ovary; painful menstruation; during each attack there is a continual rotary motion of head and at times there is a peculiar contraction of the muscles of arms, legs and back. In other words, she "draws up in a knot;" can't or will not speak during these "spells." During the contractions, and after they leave patient, the pulse is the same; nothing peculiar about breathing when spells are on. After leaving, breathing very rapid and loud. Patient does not complain of any pain while these spells are on, only the whole body seems to be "asleep"—tingling feeling. I have been treating her for the last four months for painful menstruation, giving her aletris cordial, and cascara to keep bowels open, as she is troubled with constipation. I have diagnosed the brain and spinal trouble to be a reflex from ovarian trouble. Have asked for the removal of the ovaries, believing this will relieve all troubles, but the family will not consent to the operation. In addition to above treatment, while these "spells" are on, which last four and five days each month, I keep the patient under influence of bromidia; sometimes am forced to give morphin sulf. gr. $\frac{1}{4}$, atropin gr. $\frac{1}{16}$. I think there is a good case of hysteria complicated in the above case. Would like to have opinion of others. J. H. THOMAS, M.D.

Leggett, Texas.

[Your case is undoubtedly hysterical. Dilate the os uteri and try to get her pregnant by counseling not too frequent sexual indulgence, and indulgence immediately after the subsidence of each flow. In addition to the attention you have already given the bowels, we would put her on iron, quinin, and strychnin. We would give her bromid of strontium with a generous hand. When she takes her next attack, after she has had such medication for a little time, we would give her a hypodermic injection of an emetic dose of apomorphin, and be sure she gets enuf. Another excellent plan is to combine all the nauseous drugs you can think of:—castor oil, valerian, asafetida, capsicum, etc. Do not give in therapeutic doses, but get the odor and taste, and give about two ounces at a dose, with instructions to

repeat every half hour till there is improvement. A few doses will prove as to whether or not she is shamming. There is generally a cause for hysteria, so do not be too impatient with her. This treatment ought to cure the hysteria, and you can search for the primal cause in the meantime.—Ed.]

Impotence.

Editor MEDICAL WORLD:—A young man of 35, strong and hale, weighs about 230; has never been guilty of intemperance of any kind; very correct in habits; has been married six years; no children; has a fine, healthy wife. He can perform the act of coitus all right, but there is no ejaculation. I have treated him for some time, with all ordinary and extraordinary remedies, and have failed. This is the reverse from all cases I ever met before. What is the cause, and what the remedy? It is a very important case. I shall be very thankful for any help in the diagnosis or treatment. He never has had any taint of any kind that I can find out, and there is no sign of any.

WM. M. COOLEY, M.D.

Herington, Kan.

[Your patient has aspermatism. If it be organic, i. e., caused by some obstruction to the spermatic ducts, he is incurable. Organic obstruction is generally a sequence of gonorrhea, but may result from traumatism, or non specific orchitis, or epididymitis. Aspermatism is generally of psychic or of physiologic origin. The psychic form generally occurs in neurasthenics or neurotic cases. In this variety, ejaculation may not take place at all, or it may readily take place with some women and not with others. This form is oftenest found in masturbators or those who have indulged freely in promiscuous intercourse. In such cases, it is with the wife that the failure of ejaculation oftenest occurs. The physiologic form is merely the result of excessiv indulgence, and is readily curable by continence for a time. It is sometimes possible that the seminal fluid is thrown into the bladder during coitus, and the male is not aware of an orgasm; in such a case centrifugation of, and microscopical examination of the urin will reveal the presence of spermatozoa. There is another form in which ejaculation does not occur in coitus, no matter how long the act be persisted in, until the penis becomes so flaccid that

penetration is no longer possible; then as soon as the organ is withdrawn the fluid will flow from the meatus. You can at once get at the root of your patient's trouble by gaining his confidence and insisting on the entire truth and complete history, with permission to make complete examination of himself and wife. Has he ever had ejaculation? Under what circumstances? Beware how you alarm him with any leading questions on masturbation; every boy does this, and most men fear punishment thruout their lives. If he has indulged in illicit intercourse since marriage, did he have orgasm? Is his wife passionate? Many beautiful women are devoid of sexual feeling, and could not induce orgasm in any normal man, except as it is induced by masturbation.

Now, as to cure: This depends on the variety of the affection and the cause of it. As a general rule, plenty of encouraging assurance is of great importance; he should have tonics and nervines, the genitals should be bathed with ice water twice daily, and he should sleep apart from his wife and avoid intercourse or masturbation for a considerable time. Get him a good battery and have him use it regularly. If you exclude the organic form, you will cure him, if you follow our directions, and secure the co-operation of himself and wife.—ED.]

Regurgitation of Food.

Editor MEDICAL WORLD:—Below I give description of a case that has given me much thought. I should like your and Dr. Waugh's opinion of the case, the diagnosis and treatment. Patient is a lady 35 years of age, brunette, since childhood has always regurgitated or vomited her food. Previous to the past three years she would have a sickness at the stomach for a moment, and then discharge the contents of the stomach; and would not mind any more about it until the next day, when the same would be repeated. That was her condition up to about three years ago. Since that time she has suffered great pain and soreness in and over region of liver and stomach. I was called to see her last August. Found her in the condition stated above. Have treated her now for nearly one year, and is, I think, somewhat improved. After three months attendance I succeeded in stopping the vomiting and the soreness all disappeared. She gained rapidly and as I thought was

nearly well. At this time her menstrual period came with a good deal of pain. It set her to vomiting again and all I could do could not control it for three or four days. It would recur at every period, and since that time, nearly five months, I have used morphin and atropin; $\frac{1}{4}$ gr. of the former and $\frac{1}{16}$ gr. of the latter. About three tablets a day will keep her in fair condition. As soon as she begins to feel the sickness they give her the hypodermic and in a few minutes she is up about her house, does quite a few chores and rides out, and says if it wasn't for the sickness at her stomach she would be well. I forgot to mention that at the time these vomiting spells came on she would vomit sometimes two vessels full. She had been attended before I was called by several physicians without any relief. Was in bed most of the time; now she lies down only when she gets tired. There is no uterin trouble, but has had some soreness over region of right ovary. My opinion is that it is reflex—of a nervous origin. Have omitted the general treatment because the remedies have been many.

J. B. H. CUSHMAN, M.D.

E. Charleston, Vt.

[We would try to do without the morphin. We would try bromid of strontium for some days before a menstrual flow. We would purge her well twenty-four hours before its appearance. We would have her eyes examined by a good oculist. You hardly have a true case of idiopathic regurgitation. Such vomiting is often a symptom of acid dyspepsia, and the uterin action at the monthly flow may aggravate it by reflex irritation of the gastric nerves and mucosa. We would try to still the stomach by cocain by the mouth, at the first appearance of irritability. Restrict her diet for a few days at that time. Try depleting the pelvis by glycerin tampons, and dilating the cervix. You do not make it clear whether she is married, or has borne children; and this would be an item in forming an opinion. You do not tell us how you have excluded uterin disease, and we could not guess. Endometritis often exists without ordinarily producing symptoms which cursory questioning would lead one to think of pelvic trouble. Begin with the eyes, and exclude ocular trouble; go over the stomach, and exclude all forms of indigestion and gastric dilatation; exclude gall stone; exclude autointoxication from the bowel; exclude

congestion of any pelvic organ; exclude, or regulate any irregularity in her sexual habits; arrange her digestion and excretions as properly as possible. Go over the case from start to finish again, even if you have done so many times before. There is a cause for the trouble. We may give you nothing new, but we believe you will find the cause if you follow this plan. We shall be pleased to have Dr. Waugh and other readers offer you suggestions or diagnosis.—Ed.]

Obstinate Neuralgia.

Editor MEDICAL WORLD:—I have a patient, male, aged 50, who for eighteen years has been suffering with neuralgia over the region supplied by the supra-orbital branch of the ophthalmic and temporal branch of the facial nerve. The first two or three years he would have a couple of attacks a year, then they commenced coming weekly and have done so the most of the time since. The attacks last from twelve to twenty-four hours, and during that time he suffers the most excruciating pain. He will toss from one side of the bed to the other, have a member of the family bear his or her weight on his forehead, or tie a handkerchief as tightly as possible, at times will tighten it with a stick—anything for a minute's relief. One week it will be on his left side, the next on the right, or both may be involved. He spent the summer of 1886 in the mountains and received some benefit, having only two attacks. Upon his return home the neuralgia returned. Last fall he went to the mountains but did not receive the benefit he did the first time. He also has trouble with his stomach and bowels, for which he has taken more or less treatment. He tells me he has been treated by thirty-four doctors and has not received any permanent relief. For the neuralgia I have given him acetanilid, Dover's powder, papine and various other drugs used for the relief of pain. They would not give any relief. A hypodermic of one-quarter grain of morphin is the only thing that gives relief. That has to be used two or three times during an attack. I always give it myself. During the last two weeks I have been giving him Fowler's solution, and an aloin, strychnin and belladonna pill night and morning. My reason for giving Fowler's solution is this: This man has lived in a malarial country the majority of his life; our town is located

on the bank of the Missouri river, and there is plenty of malaria here. Could chronic malaria be a factor in this case? Have given him numerous drugs hoping to give this man relief. So far they have met with failure, as did the treatment of the thirty-three doctors before me. Has any of the WORLD family had a case like this? If so did you give them relief? and how? Am anxious to give this man relief, as no one knows how he suffers.

FREDRICK E. KRAFT, M.D.

Brownville, Neb.

[This is one of the cases that "try men's souls." Your anti-malarial theory seems a promising one. A large dose of quinin (15 to 30 grains) from twelve to twenty-four hours before an expected attack might ward off the attack, or modify it. It is worth trying. If you have facilities for examining his blood for the plasmodium malariae, this would throw definit light on the diagnosis. Let us hear further from this case. The science of medicin should be able to do something for it. Make this case the subject of your study, and even of your dreams, rather than allow it to baffle you. The fact that it changes sides indicates that the course of the nerve is not impinged upon.—Ed.]

Editor MEDICAL WORLD:—I have a case in which I need help. I think that it is one of indigestion. Patient suffers from vertigo and general weakness; temperature 97° to 98½°; pulse 50 to 65. Eating any kind of meat, fresh bread, pastry or sweet potatoes causes headache. Anything that he eats causes to ferment in the intestins, the stomach not being especially troubled. But eating too much of any thing seems to produce the severe headache and the lowering of the circulation. I have tried him on the bitter tonics, arsenic, bromids, pep-sins, electricity, etc; also fruit breakfast, and almost exclusiv fruit and milk diet, and every thing else I could think of in the line of diet; grape nuts, shredded wheat, malted milk, etc. There has been some little improvement, but he is in a bad condition yet. Alcohol in any form nauseates him. He says it was brought on by over work. If the Editor or any member of the WORLD family will help me it will be highly appreciated. F. G. THOMASON, M.D.

Punta Gorda, Fla.

[In all probability he needs judicious exercise and massage. Put him on freshly

prepared nitro-muriatic acid, strong, in five drops doses in a glass of water before meals. Absolutely forbid any starchy food. If necessary, keep him on lime water and milk, or buttermilk, for a time. Convince him that he will live a number of days without eating anything. We believe your diagnosis correct and your treatment too therapeutic. Try hygiene, exercise, massage electricity continued, diet continued and restricted, and moral suasion and advice laid on thick. Regular lavage would bring good results. If your patient has no leading symptoms beyond those described to us, such treatment will result in alleviation; he may wait for a cure. The Weir Mitchell plan would probably suit him well. We can not fully advise without minute details. We will be glad to hear from you and the case again, but please give minutiae.—Ed.]

Editor MEDICAL WORLD:—Please give me some help thru your journal in the following case: Married lady, age 28, no children. Complains that to open her eyes first on waking in the morning causes an indescribable feeling as of heaviness or a drawing sensation, somewhere about the eyes, tending to keep them closed. This occurs almost every morning and occasionally in the evening, when it tends to close the eyes, and it is with the greatest difficulty that she can keep them open.

It is not accompanied by any drowsiness, but as it "will not down" in the evening, she goes to bed. In the morning it lasts five to ten minutes. She does not overtax the eyes by reading or fancy work at night nor in day time. She has consulted oculists without number, each of whom fitted glasses, but not the slightest benefit followed in any case. Eyes and lids look perfectly well save that occasionally there is a slight redness about edges of lids. Vision is absolutely normal. Health is perfect in every way. Please give me your diagnosis. B. B. SNODGRASS, M.D.

Jamestown, Pa.

[The trouble is probably neurotic, and possibly reflex from uterin or bowel disease. We would examine the urine thoroughly and exclude any tendency to uric acid diathesis; or if this be found, give her a thorough course of alkalies. We would put her on full dosage of arsenic, strychnin and quinin, and we think she will get better. We do not believe the trouble is in the eye proper, tho it may be related

to some weakness of the nerves connected thereto. If the "slight redness about edges of lids" is permanent, bathe frequently with a saturated solution of boric acid in camphor water and anoint outside of lids twice daily with yellow oxid of mercury, four grains to the ounce of lanolin. We believe such treatment will cure your case if persisted in, unless beginning exophthalmic goiter complicates the case.—Ed.]

Editor MEDICAL WORLD:—Please give diagnosis and treatment of the following case: Male, 42 years of age, height 5 feet 8 inches, present weight 125 pounds, former weight, 145 to 160. Gives history of some consumption and kidney trouble on father's side. Farmer, but at present not able to do much work on account of weakness. When a boy he had a very uncommon appetite; could scarcely get enough to eat; now has no appetite, digestion very bad, tenderness over stomach, constipated, tongue coated with dirty pasty coat, bad taste in morning, and spits a good deal of whitish, frothy mucus in afternoon. Dull headache over eyes and in temples, very nervous, memory bad, specks before eyes, and don't rest well in forepart of night. Urine usually scant and high colored, specific gravity 1,025 to 1,040, no sugar nor albumin. At times urine is pale; at or about these times patient feels worse; sometimes burning on urination. Has used tobacco to excess, but at this time has about quit; don't use tea, coffee nor alcohol. Physical examination reveals nothing whatever wrong with lungs or heart.

I have called this chronic gastric catarrh, and am treating with drop doses of Fowler's sol. with nux vom. before meals and elix. lactated pepsin and syr. hypophos. comp. after meals. Any suggestions Editor or family can give will be appreciated.

A. C. L.

Kentucky.

[The prominent characteristic of this case is a condition of chronic biliousness, which should yield to persistent use of the milder cholagoges, laxatives, and aperients, when combined with a rigid rule of diet, and suitable digestants. When you consider tuberculosis, you would better exclude "night sweats" and temperature, and then examine the sputum. Better go thru each process repeatedly. You do not say that you have done this. After you have

excluded beginning tuberculosis, you must get his stomach and bowels in a condition of proper functional activity, and then have some competent specialist examine his eyes; but beware of the "optician." Have him drink water freely, and give mild diuretics until you can test a specific gravity of about 1,020, and when you have done this, there will be no scalding on urination. Your diagnosis may be taken as temporarily and provisionally correct, but if we took your pills, we would wish examinations repeated more frequently and thoroly, and would wish more strenuous medication. What can you expect to accomplish by "drop doses of Fowler's solution"? If he needs arsenic, give it to him until you get the effect of the drug. We concur in your diagnosis of the present conditions, but we must mildly chide you on your report of your examinations as to prognosis. If this man is now in the incipient stages of tuberculosis, you ought to so ascertain and treat; and if you are not competent to do this, you should certainly refer him to some one who can do him justice. Do not risk any guess work; but do the best possible for the patient, and if you honestly feel that you can not do this, send him elsewhere. We can only suggest more vigorous medication until you give us more data; for we feel like commending you so far as you have gone, and condemning you for not going far enuf.—Ed.]

"Billous" Headache.

Editor MEDICAL WORLD:—F. M., male, aged 35, merchant, height six feet, weight 180 pounds, complexion dark and slightly sallow about eyes, temples and forehead, quite deep furrows downward and outward from inner angles of eyes and beside nose. He is generally healthy. Has had no illness except ordinary diseases of childhood. Bowels regular; smokes four or five cigars daily. Drinks a couple of glasses of cold water before retiring and after rising. Has had occasional sick headaches since childhood. The attacks average once in two weeks, but the period varies. Ten or twelve hours previous to attack (usually the night before attack) his mouth is very dry. Patient thinks that by taking a full dose of liver pills at this time he has warded off the attacks, but this seems less certain to act than formerly. Three or four hours after the headache begins he is usually nauseated and vomits. If he

completely empties the stomach he is usually relieved. Vomiting is green or yellow or both at different expulsive efforts in same attack. No food in vomits. Attacks generally last about a day, beginning in the morning and improving about sundown. Patient's father had these attacks as long as he lived, but patient is the only one attacked of a family of four boys and two girls. The pain is usually on right side of top of head and across at the base of the brain. Prior to a year ago it was mostly back of the eyes. Patient is much worse if during the attack he lies on his left side. Pressure at the base of the brain, as in lying with the head resting across the footboard of his bed, seems to relieve the pain. Now, I should like to hear from yourself and "family" as to prognosis and treatment of this case; and judging from the frequency with which I meet similar cases I believe a few words as to its etiology would not be out of place, and might benefit others as well as myself.

A. M. LOOPE, M.D.

Poplar Ridge, N. Y.

[See editorial on headache in August WORLD. If vomiting relieves the case, we would suggest an emetic at the beginning of each attack, or before, when the mouth becomes dry. Careful regulation and restriction of diet ought to greatly benefit or cure this case. If he would live for a month on one half his customary food (most people eat about double the amount they ought to) and banish nitrogenous foods entirely, or almost entirely from his diet, he would doubtless be greatly benefited during that month. Will he do it? Few patients will. No, that month won't cure him. He will have to continue the diet as long as he wants to be better, or cured. Taking water night and morning is good. He ought to take six or eight more glasses during the day. Omitting breakfast entirely has cured many cases of headache. Perhaps he should avoid sweets; certainly pastry.—Ed.]

Is It Hystero-Epilepsy?

Editor MEDICAL WORLD:—I desire to present to the readers of your valuable journal the following case for diagnosis and treatment: Mrs. W——, age 45. This lady was very delicate during infancy and childhood. Mother died of consumption at age of 56. Father's health always good. Patient is the mother of one child now a healthy young lady. Had a severe attack

of typhoid fever when about 20 years of age. Has three sisters and two brothers living, all in good health. First menstruated at the age of 21. Menstruation regular until four years ago, since which time the intervals have been from four to nine months. The mother of this patient was of a very nervous temperament.

At the age of 22 this woman commenced to have light attacks of momentary unconsciousness. During and for a few moments subsequent to the paroxysms she would not know her name nor where she was. At the onset of these attacks they came on during or just prior or just after the menstrual epoch. At this time the attacks numbered two or three per day. Spells became more severe and frequent until she would have several every day during the month. She commenced to have severe epileptic attacks eleven years ago. The severe attacks were about six months apart at the beginning, but increased so that she would have an attack nearly every month. Some time after the onset of the severe attacks she was under the care of a physician who was successful in relieving her so that she went two years with no attacks of any kind. Six years ago the attacks returned and the physician in question was unable to relieve her. Four years ago a new phase in her condition developed, viz.: A screaming attack or paroxysm from any sudden noise, as a bicycle bell. In these attacks the patient will utter a sudden scream and grasp her face or head with her hands. This condition debar her from attending church or mingling with society, as the slightest noise or other provocation will cause her to scream, after which she feels mortified over her actions.

In this case there seem to be three different kinds of attacks, viz.: the severe epileptic attacks, the paroxysms of temporary unconsciousness, and the screaming attacks. When she has one of the light attacks of temporary unconsciousness, and as the paroxysm is ending, the patient will ask who she is, where she is, what day it is, or what time it is, and when she is answered she appears to be all right.

There is no female trouble in this case. Bladder, heart and kidneys normal. No headache; always sleeps well at night. Bowels costive without medication. Have treated her for a few months with the various nerve sedatives and tonics, but find that nothing relieves her but the triple bromide, combined with cannabis in-

dica and hyoscyamus. This treatment has modified the severe attacks so that a period of several weeks has elapsed with no paroxysm. The screaming spells are not improved. Will the Editor and readers of THE WORLD kindly submit diagnosis, prognosis and treatment?

S. M. SEAFUSE, M.D.

Pine City, N. Y.

[This case is a study. Your present treatment has accomplished a great deal. Prospects for cure are not flattering. Will WORLD readers with experience in this line discuss this case?—Ed.]

Editor MEDICAL WORLD:—A patient was treated four months by different physicians for boils, which appeared in successive crops. He finally went to the Mineral Springs at Colfax, Iowa, for treatment. While there he was told that his boils were due to nicotine poisoning. The patient had served on a jury and was kept in a room overnight where most of the jurymen smoked cigars. Patient was not a user of tobacco and the experience made him sick at the time. His boils began to appear soon after his service on the jury.

I find nothing in my books to show that his breathing air laden with tobacco smoke could cause his attack of boils. Many physicians at sanitariums and springs feel it incumbent on them to gouge the general practitioners whenever opportunity presents itself, to impress the laity with their superior skill(?). This may be such a case.

I respectfully ask the Editor's opinion, as well as others of the family.

Grafton, Iowa. S. M. MANN, M.D.

[There are many curious instances of idiosyncrasy toward drugs in certain patients. We know a man who will suffer for a week with severe giant urticaria after the ingestion of half a grain of quinin. We have never heard of such a case of poisoning as the one you report, and cannot imagine how any physician could get the data on which to make such an assertion. The effect of nicotine poisoning is generally prompt and almost immediate. A general practitioner's opinion would be as valuable as any sanitarium physician's opinion on such a matter. We presume the patient in his earlier treatment, had calcium sulfid to saturation, and that his urine was examined for evidence of the uric acid diathesis. We have little trouble in breaking up "successive crops" of boils, even in strumous patients.—Ed.]

Enlarged Prostate.

Editor MEDICAL WORLD:—I am now nearly two years old in the WORLD family and could not do without it. I have a case I want help with. A man 60 years old complained for two or three years with pain in region of kidneys before I saw the case, but is much better of that now. Cystitis and enlarged prostate seems to be the trouble now. Passes water with more or less difficulty every two or three hours, about a normal quantity in the twenty-four hours. Urin nearly normal, general health good. Does some office work, and walks about considerable. I have tried all I could think of or find in the books, but with poor satisfaction to both patient and myself. Can't some one of the WORLD family, or the Editor, help me out? as the trouble seems to be very disagreeable.

DR. A. LeROY MOORE.

Pomeroy, O.

[We would very much like to "help you out," but such cases have been and still are a great annoyance to the best men in the profession. Perhaps you are acquainted with the claims made for castration in this condition. However, few patients will consent to this operation. We have nothing new to offer, but we hope that some of the WORLD readers may help you. We can only say, read up extensively, provide yourself with the best instruments needed in such a case, be patient, don't expect too much nor lead your patient to expect too much.—Ed.]

Dyspepsia with Flatulence.

Editor MEDICAL WORLD:—I have a patient 44 years old, light complexion, weighs about 170 pounds, married, and has about nine children. About every two or three weeks he begins to feel numb, his hands feel as if his elbows had been struck, which is a complete dead feeling. He also belches all the time this feeling is on him—that is, he belches every minute or two. He has a feeling as if there is enlargement in the hypochondriac region; as if the colon is distended with gas. He also sometimes suffers with sudden cramp in same region. His hands are cold while attack is on. I diagnosed his case as nervous dyspepsia, but he did not seem to be satisfied, so I promised to write to you. Please let me hear from you as to diagnosis and treatment.

Milner, Ga. J. H. PHILLIPS, M.D.

[This man undoubtedly has dyspepsia

with gaseous distension of the stomach and bowels, but it is possible that the coldness and numbness may be due to cardiac oppression from the distended stomach. We would have him take a light dose of some laxative each night before retiring, not enough to purge, but enough to produce semi-solid stools. We would supervise the diet and exclude starches so far as possible. We would give him two drams of elixir lactated pepsin (80 grains to the ounce) in a little water before each meal. When the coldness and numbness appears we would give him a full dose of strychnin hypodermatically and a tablespoonful of chloroform water every 15 minutes till relieved, or four doses are given. The following formula is good in such cases:

R
 Strych. sulf. gr. j
 Syr. rhei. aromat.
 Elixir lact. pep. (80 grs. to ounce) aa f3vj
 Glycerini
 Aquæ aa q s. ad. f3xvj
 M. et Sig.—Tablespoonful before meals.

—Ed]

Editor MEDICAL WORLD:—Will you give a formula for a nice and palatable preparation of oil of sandal wood in combination with saw palmetto, in a stable menstrum?

W. A. OLIVER.

Camden, Mich.

[Mix equal parts of fluid extract saw palmetto and best oil of sandal wood, and dissolve in alcohol; add to this enough of the best aromatic elixir, and filter through paper. If a clear solution is desired, it is well to add enough carbonate of magnesium or phosphate of calcium before filtering. This method yields the best preparation possible to obtain when such nauseous drugs are used. If properly prepared, it will be found satisfactory. Generally it is preferable to administer such drugs in capsule or cachet.—Ed.]

Possible Gastric Cancer, or Ulcer.

Editor MEDICAL WORLD:—Please give diagnosis, treatment, and prognosis, for the following case: Mrs. W., aged 70, has been suffering some months with nausea and gastralgia. Very much emaciated. Stomach will not tolerate solid foods. Temperature subnormal. Action from bowels two or three times a day. Tongue dry and furrowed. Appetite ravenous, and especially for certain articles of diet. Patient has been a habitual user of tobacco for years. I think we have a

chance here of diagnosing gastric ulcer in its early stages. There has been no characteristic vomit as yet, but the cadaveric appearance and tenderness in the region of stomach give some grounds for suspecting ulcer. Do you think so? This is an important case and I will be much pleased if you will help me out. THE MEDICAL WORLD, is a great help to me in my practise. It acts as a sedativ, and stimulant both at the same time, and will certainly relieve the puzzled mind in hours of distress and suspense, and stimulate us to a full sense of our professional duties. J. U. ROACH.

La Follette, Tenn.

[Data insufficient to base a positiv diagnosis upon. While you may have ulcer, you may also have incipient cancer, or merely chronic gastritis. Ulcer is generally a disease of younger people, tho any age may be attackt. Intestinal antiseptics are indicated. Digestants will come in good play. We would certainly use nitrate of silver, twenty minutes before meals; it is best given in about $\frac{1}{2}$ of a grain in a dram of distilled water. Do not have your pharmacist make up more than three ounces at a time, and have your patient keep it dark and cool. It is given without adding water, and from a small glass and not from a metallic spoon. Condurango is often beneficial in such cases, but it is not at all the specific for cancer or ulcer as has been alleged. We would be glad for you to submit all the symptoms, but the treatment suggested will fit in any of the three cases.—Ed.]

Editor MEDICAL WORLD:—Will the Editor and brethren give diagnosis and treatment for the following case?

Boy, aged 18, large and strong. Attacks commence with a sticking or tingling sensation in the toes, gradually spreading upward to the knees, when it flashes all over him. Patient will strike and kick about, biting anything he happens to get hold of; pull bed-clothing to pieces, shake his head, or nod it backward and forward. Does not bite his tongue; keeps eyes tightly closed. Either can not or will not speak while spell is on. Generally carries on a two-sided conversation as the fit is going off. In a few of the fits he has been motionless. Heart's action feeble, breathing difficult; feet and hands rather cool. In all of the attacks, breathing is at times panting. First attack came on after par-

taking of candies, a hearty Christmas dinner, some bad whisky, and swallowing a large chew of Greenville tobacco that had been soakt in coal oil. Tobacco has probably caused some of the fits since. Others have occurred in which the cause was not so apparent—heat, or perhaps excitement. G. B.

Indian Territory.

[The history of the first attack points to the digestiv tract as the probable origin. Careful regulation of diet, and total abstention from tobacco and whisky, and a regulation of his habits, as to anger, violent exercise, etc. would, perhaps, stop these attacks. A slight element of hysteria is also suggested. During an attack his stomach should be promptly emptied, either with an emetic by mouth or apomorphin hypodermically. His bowels should also be moved as promptly as possible by cathartic, or enema, or both. If he then persists in his foolishness, good, stiff treatment for hysteria, as has been frequently given in these columns, nauseous doses frequently repeated, or tr. capsicum and lobelia injected into his rectum, will probably bring him to his senses, and he will not give up to another attack so easily.—Ed.]

Editor MEDICAL WORLD:—Case 1. Married woman, age 44, married twenty-five years; has had five children, the youngest aged 9. Menstruation for the last three years irregular, the period between the last two menstruations seven months. Woman is strong, a hard worker, weight about 150 pounds; formerly had a good deal of sick headache. I mention all these things because I believe the menopause is the cause of her trouble, which is a persistent irritable skin eruption; the itching, especially at night, is almost unbearable. The entire body is covered with a scaly, rough eruption, resembling ringworm, but it is not ringworm. I have used about everything externally, but it does not remove the itching nor the eruption. My idea of the cause is that it is a reflex from the uterus. Advised local treatment, which was refused. Advised pregnancy, which was spurned with contempt; in fact, onanism has been practist for years to prevent pregnancy. Now if the Editor or any reader of THE WORLD can tell me what to do for this case, the information will be thankfully received.

Case 2. My own daughter, age 19.

Trouble, persistent headache, which has resisted all treatment. Headache begins about noon, gradually becomes worse until some time in the night, when she sleeps from sheer exhaustion. Gets up in the morning headache all gone. Appetite fair; eating slightly relieves headache—never makes it worse. Menstruation regular. No signs of phthisis, and none in the family. Urinary examination nil, with an occasional excess of urates. Makes visits, calls, etc., and says she feels just as well as when at home or lying down. These headaches come on about four days out of each week. Sometimes she will go two or three days without headache. Is naturally of a rather quiet disposition, has read and studied a great deal, and is well up in her studies, a graduate of a fine high school, and especially good in both Latin and mathematics. I mention these matters to show that her mental faculties are all right, and that she has been a hard student.

What I want to know is the *cause* of the headache. She has been out of school over a year and nothing to do but get well. She has taken all sorts of tonics and headache remedies, but nothing seems to help much. A mixture of bromid and ergot was the last remedy, and she said that gave some relief. Brethren, what shall I do for her?

Chenota, Ill. H. F. BALLARD, M.D.

[The menopause is probably the trouble in case 1. We do not understand that disturbances at this period of life are caused by local condition, demanding local treatment (unless there are special indications pointing to local disease); yet your request for local examination, and treatment if you find it necessary, should be willingly acceded to by the patient. It is likely that the patient will be more or less troubled until the menopause is over; but you should be able to do much for her comfort. Examine her urin, revise her diet and correct everything that you can find that is wrong. Any reader who may have had a similar case is invited to report it.

Case 2. Who can cure headache? The echo answers—who? Is there any history of rheumatism in your family? If so, give antirheumatic treatment. The occasional excess of urates points to the possibility of urea being the cause. Does she eat much nitrogenous food? If so, she should abandon it, or take it in very

small quantities. She would probably be benefitted by drinking *two full quarts* of water every twenty-four hours. Are her bowels regular? Have her eyes been examined?—Ed.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:—I was called to see Miss. N., aged 18, blond. Has had fainting spells since March, 1897, irregularly, having had ten in all. Has twitching of hands during attacks, and thighs flexed against abdomen. Gets very cold. They last from five to thirty minutes. Are more likely to occur after fatigue or excitement. Slightly constipated. Irritation at neck of bladder. Has vaginismus. Lack of development of mammary glands. Uterus very small. Tenderness over right kidney. No aura preceding attack. Has had no severe injury. No hereditary influence. Passes a normal amount of urin. Menstruation regular.

Respiration	18.
Temperature	99.
Pulse	72.

If any more information is necessary on the case I will send it.

Bible Grove, Mo. C. A. GIBBS, M.D.

Editor MEDICAL WORLD:—Please let me know the name of a good homeopathic and eclectic medical journal; also where to get *materia medica* of those schools.

Joplin, Mo. M. B. HARUTUN, M.D.

[There are quite a number of both kinds of journals. We will confess that we do not know much about the comparative merits of the various homeopathic journals, but the Hahnemannian Monthly, 1402 Spruce street, Philadelphia, (\$3.00 per year), is among the best. The Homeopathic News, 306 B'way, St. Louis, Mo., (\$1.00 per year), is perhaps lighter and more popular. The North American Journal of Homeopathy, 181 North Seventy-third street, New York City, (\$3.00 per year), should perhaps also be mentioned. The only publishers of homeopathic books in our knowledge are Messrs. Boericke & Tafel, 1011 Arch street, Philadelphia, and the Boericke & Runyon Co., 242 West Forty-first street, New York City. Among the eclectic journals, the Eclectic Medical Journal, 1009 Plum street, Cincinnati, O., (\$2.00 per year), is perhaps the leading one. The publishers of this journal, the Scudder Bros., are the leading publishers

of eclectic books. The Massachusetts Medical Monthly, Boston, which a few years ago dropt "Eclectic" from its title, should be mentioned; and don't forget; The Medical Gleaner, the brightest of the eclectics, edited by Dr. W. C. Cooper, of Cleves, O., (\$1.00 per year). Address any or all the above for further information, stating that you are a WORLD subscriber, and you will doubtless receive courteous attention. Ed.]

Is the Discharge of Semen Essential to Health in the Male?

Editor MEDICAL WORLD:—Do you think that the discharge of the spermatie fluid is essential to health? If so, would not Dr. Ford's method for producing sterility in the male by his method of closing the vas deferens be detrimental? What would be the result in after years?

Bristol, Va. M. B. KINZER, M.D.

[This has been a much debated question. Many authorities claim that complete continence is not injurious to health, while many think the opposit. Religious celibates (the great majority of whom are absolutely continent) seem to have even above the average health. Possibly periodical emissions occur to them, as to other healthy and continent males, but doubtless systematic and constant suppression, dating from youth or early manhood, gives the majority of them well nigh a complete control, and without observable detriment to health. Certainly, the danger to our patients lies in the direction of excess, and not in the direction of continence. We think that discharge of semen under normal and right conditions is a natural and physiological function, but we do not think it essential to health.

However, on second looking at the Doctor's query, we see that this is not the question. Closing the vas deferens would make escape of semen impossible. It would be pent up, and finally the functional activity of the testicles would be destroyed. What has Dr. Ford's observation been, as to both local and general condition?—Ed.]

To determin the proportionate dose of a drug for a child or infant, divide dose for adult by $\left\{ \frac{\text{Age of child}}{\text{Age of child} + 12} \right\}$

The healthy mucous membrane of the bladder never absorbs medicin; an ulcerated vesical mucous membrane does.

Too Late for Classification.

Summer Diseases of Children.

Editor MEDICAL WORLD:—In the treatment of cholera infantum, immediate attention must be given to the diet; instead of large drafts of water, crackt ice should be used. If the child is nursing, the number of applications to the breast should be regulated. I have found every two or three hours often enuf. If fed on cow's milk, I generally dilute with lime water, or peptonize the milk. Beef tea and other preparations of beef have not acted well in my hands, altho some two or three times I have used the raw beef alone with good effect. The graduated cold bath has been most successful in controlling the fever. I have relieved the brain symptoms often by a cap of ice to the head. In using the cold bath I use two per day. I have often used brandy and ice water, twenty minims to one dram, every two or three hours to check vomiting and purging. I have also used equal parts of alcohol and chloroform rubbed along the spine to relieve vomiting and to quiet the nervous symptoms. This has produced sleep when all other remedies have failed. This is worth remembering, simple as it is. I have never seen this in print, but it has acted well indeed for me, and at a time, too, when I most needed a remedy—the stomach revolting at the very thought of medicin. I use bismuth subnit. and carbolic acid or bismuth subnit. and salol, ten gr. of the bismuth to one-quarter or one-half gr. of the latter every two hours, and flavor it with cinnamon in an emulsion of gum Arabic. When vomiting is excessiv and other medicins are rejected, calomel is my stand-by. I give it in very small doses every hour. When there is much straining and mucus with blood streaks passing from the bowel, I have used, according to Bartholow, arsenic and opium:

℞
Fowler's sol. arsenici..... 1 to 2 gtt.
Tr. opii deod. 2 to 4 gtt.
Aque q. s. ad..... 1 oz.
M. Sig.—One teaspoonful every three hours.

I flush out the bowels with cold water and use starch and laudanum enema, counterirritants (mustard or hot mustard baths), and in the last stage nitroglycerin and atropin to revive failing circulation.

Now, as to the summer diarrhea, in the first stage I generally prescribe hyd. cum creta, one to two grs. every time the bowels

act, till actions change. After twenty-four hours if there is no improvement I give small doses of calomel and bismuth, followed by oil and turpentine; if there is still no relief and the digestion faulty, I have had excellent results from the following:

Tr. opii deod.....	m. xvj.
Acid. muriat. dil.	m. xvj.
Sach. pepsiini.....	dr. j.
Bismuth subnit.....	dr. ij.
Syr.....	dr. ij.
Aquae.....	q. s. ʒ ij.

M. Sig.—Shake. Give teaspoonful every three hours to a child 3 years old.

'In many cases I have used the old fashioned chalk mixt with catechu or kino.

Tr. catechu.....	dr. ij.
Tr. opii camph.....	dr. ij.
Mist. cretae.....	oz. iss.

M. Sig.—Teaspoonful every four hours.

I have also used more than once in serous diarrhea, also in dysentery, the following:

Pulv. opii.....	gr. 10.
Pulv. gum camphor.....	gr. 40.
Plumbi acetat.....	gr. 40.

M. Ft. Pill no. 20. Sig.—One every four hours.

The following is also a good anti-diar-rheal mixture that I used to keep in stock when I ran a drug store.

Acid. sulf. arom.....	dr. 2.
Fl. ext. hematoxylin.....	dr. 2.
Spts. chloroform.....	dr. 4.
Syr. ginger.....	q. s. oz. 3.

M. Sig.—Teaspoonful every two hours.

Now, as for dysentery, in the commencement I have often relieved adults by dram doses of Epsom salt with 20 gtt. of tr. opium, every time bowels act, till actions change. I have also combined with the above the aromatic sulfuric acid with good results. But, ipecac is with children my remedy in this disease, and in large doses; first a dose of tr. opium, followed in ten minutes by ten or fifteen gr. or more of ipecac. If stomach retains this you will not have to repeat more than once in two or three hours. I have given calomel in small doses; as well as large doses of bismuth and salol. Of course I have used cold water enemas, and have also used silver nitrate and many other remedies.

S. J. McELROY, M.D.

Seneca, S. C.

Editor MEDICAL WORLD:—To add to your "therapeutic museum" which will be gathered by Dr. Chapman's test case in

the August WORLD permit me to say that in a case presenting those symptoms I should give *lycopodium* *cc*, because it is the proper similimum. I should prefer the high potency because I know from long experience that high potencies act more quickly than the low. The effect of the medicine would be to promptly lower the temperature and relieve the dyspnea. In twelve hours I should expect to see that man out of danger. The pathological condition described, I have frequently seen relieved by other drugs, but in this case *lycopodium* and *lycopodium only* will save the life. JAMES H. PATTON, A.M., M.D.
Brooklyn, N. Y.

Editor MEDICAL WORLD:—I am fearful that Dr. Chapman's robust patient delineated in the August WORLD may be dead before this time. But if he is not, here is my β —aconite.

Cresco, Iowa. J. H. BOWERS, M.D.
Hahnemann, Chicago.

Current Medical Thought.

Extract From Professor Robert Koch's Remarkable Address Before the British Congress on Tuberculosis.

[We here present the most interesting and important part of this important address.]

Differences Between Human and Bovine Tuberculosis.

But another possibility of tuberculous infection exists, as is generally assumed, in the transmission of the germs of the disease from tuberculous animals to man. This manner of infection is generally regarded nowadays as proved, and as so frequent that it is even looked upon by not a few as the most important, and the most rigorous measures are demanded against it. In this Congress also the discussion of the danger with which the tuberculosis of animals threatens man will play an important part. Now, as my investigations have led me to form an opinion deviating from that which is generally accepted, I beg your permission, in consideration of the great importance of this question, to discuss it a little more thoroly.

Genuine tuberculosis has hitherto been observed in almost all domestic animals, and most frequently in poultry and cattle. The tuberculosis of poultry, however, differs so much from human tuberculosis that we may leave it out of account as a possible source of infection for man. So, strictly speaking, the only kind of tuberculosis remaining to be considered is the tuberculosis of cattle, which, if really transferable to man, would indeed have frequent opportunities of infecting human beings thru the drinking of the milk and the eating of the flesh of diseased animals.

Even in my first circumstantial publication on the etiology of tuberculosis I express my-

self regarding the identity of human tuberculosis and bovine tuberculosis with reserve. Proved facts, which would have enabled me sharply to distinguish these two forms of the disease, were not then at my disposal, but sure proofs of their absolute identity were equally undiscoverable, and I therefore had to leave this question undecided. In order to decide it, I have repeatedly resumed the investigations relating to it, but so long as I experimented on small animals, such as rabbits and guinea-pigs, I failed to arrive at any satisfactory result, the indications which rendered the difference of the two forms of tuberculosis probably were not wanting. Not till the complaisance of the Ministry of Agriculture enabled me to experiment on cattle, the only animals really suitable for these investigations, did I arrive at absolutely conclusiv results. Of the experiments which I have carried out during the last 2 years along with Professor Schütz, of the Veterinary College in Berlin, I will tell you briefly some of the most important.

A number of young cattle which had stood the tuberculin test, and might therefore be regarded as free from tuberculosis, were infected in various ways with tubercle bacilli taken from cases of human tuberculosis; some of them got the tuberculous sputum of consumptiv patients direct. In some cases the tubercle bacilli or the sputum were injected under the skin, in others into the peritoneal cavity, in others into the jugular vein. Six animals were fed with tuberculous sputum almost daily for 7 or 8 months; 4 repeatedly inhaled great quantities of bacilli, which were distributed in water, and scattered with it in the form of spray. None of these cattle (there were 19 of them) showed any symptoms of disease, and they gained considerably in weight. From 6 to 8 months after the beginning of the experiments they were killed. In their internal organs not a trace of tuberculosis was found. Only at the places where the injections had been made small suppurativ foci had formed, in which a few tubercle bacilli could be found. This is exactly what one finds when one injects dead tubercle bacilli under the skin of animals liable to contagion. So the animals we experimented on were affected by the living bacilli of human tuberculosis exactly as they would have been by dead ones; they were absolutely insusceptible to them.

The result was utterly different, however, when the same experiment was made on cattle free from tuberculosis with tubercle bacilli that came from the lungs of an animal suffering from bovine tuberculosis. After an incubation period of about a week the severest tuberculous disorders of the internal organs broke out in all the infected animals. It was all one whether the infecting matter had been injected only under the skin, or into the peritoneal cavity or the vascular system. High fever set in, and the animals became weak and lean; some of them died after a month and a half to two months, others were killed in a miserably sick condition after three months. After death extensiv tuberculous infiltrations were found at the place where the injections

had been made, and in the neighboring lymphatic glands, and also far advanced alterations of the internal organs, especially the lungs and the spleen. In the cases in which the injection had been made into the peritoneal cavity the tuberculous growths which are so characteristic of bovine tuberculosis were found on the omentum and peritoneum. In short, the cattle proved just as susceptible to infection by the bacillus of bovine tuberculosis as they had proved insusceptible to infection by the bacillus of human tuberculosis. I wish only to add that preparations of the organs of the cattle which were artificially infected with bovine tuberculosis in these experiments are exhibited in the Museum of Pathology and Bacteriology.

An almost equally striking distinction between human and bovine tuberculosis was brought to light by a feeding experiment with swine. Six young swine were fed daily for 3 months with the tuberculous sputum of consumptiv patients. Six other swine received bacilli of bovine tuberculosis with their food daily for the same period. The animals that were fed with the sputum remained healthy and grew lustily, whereas those that were fed with the bacilli of bovine tuberculosis soon became sickly, were stunted in their growth, and half of them died. After 3½ months the surviving swine were all killed and examined. Among the animals that had been fed with sputum no traces of tuberculosis was found, except here and there little nodules in the lymphatic glands of the neck, and in 1 case a few grey nodules in the lungs. The animals, on the other hand, which had eaten bacilli of bovine tuberculosis had, without exception (just as in the cattle experiment), severe tuberculous diseases, especially tuberculous infiltration of the greatly enlarged lymphatic glands of the neck and of the mesenteric glands, and also extensiv tuberculosis of the lungs and the spleen.

The difference between human and bovine tuberculosis appeared not less strikingly in a similar experiment with asses, sheep, and goats, into whose vascular systems the 2 kinds of tubercle bacilli were injected.

Our experiments, I must add, are not the only ones that have led to this result. If one studies the older literature of the subject, and collates the reports of the numerous experiments that were made in former times by Chauveau, Günther and Harms, Bollinger and others, who fed calves, swine and goats with tuberculous material, one finds that the animals that were fed with the milk and pieces of the lungs of tuberculous cattle always fell ill of tuberculosis, whereas those that received human material with their food did not. Comparativ investigations regarding human and bovine tuberculosis have been made very recently in North America by Smith, Dinwiddie, Frothingham, and Repp, and their result agreed with ours. The unambiguous and absolutely conclusiv results of our experiments is due to the fact that we chose methods of infection which exclude all sources of error, and carefully avoided everything connected with the stalling, feeding and tending of the animals that might have a disturbing effect on the experiments.

Considering all these facts, I feel justified in maintaining that human tuberculosis differs from bovine, and cannot be transmitted to cattle. It seems to me very desirable, however, that these experiments should be repeated elsewhere, in order that all doubt as to the correctness of my assertion may be removed. I wish only to add that, owing to the great importance of this matter, our Government has resolved to appoint a commission to make further inquiries on the subject.

Is Man Susceptible to Bovine Tuberculosis?

But, now, how is it with the susceptibility of man to bovine tuberculosis? This question is far more important to us than that of the susceptibility of cattle to human tuberculosis, highly important as that is, too. It is impossible to give this question a direct answer, because, of course, the experimental investigation of it with human beings is out of the question. Indirectly, however, we can try to approach it. It is well known that the milk and butter consumed in great cities very often contain large quantities of the bacilli of bovine tuberculosis in a living condition, as the numerous infection experiments with such dairy products on animals have proved. Most of the inhabitants of such cities daily consume such living and perfectly virulent bacilli of bovine tuberculosis, and unintentionally carry out the experiment which we are not at liberty to make. If the bacilli of bovine tuberculosis were able to infect human beings, many cases of tuberculosis caused by the consumption of alimentia containing tubercle bacilli could not but occur among the inhabitants of great cities, especially the children. And most medical men believe that this is actually the case.

In reality, however, it is not so. That a case of tuberculosis has been caused by alimentia can be assumed with certainty only when the intestine suffers first—that is when a so-called primary tuberculosis of the intestines is found. But such cases are extremely rare. Among many cases of tuberculosis examined after death, I myself remember having seen primary tuberculosis of the intestine only twice. Among the great *post-mortem* material of the Charité Hospital in Berlin 10 cases of primary tuberculosis of the intestine occurred in 5 years. Among 933 cases of tuberculosis in children at the Emperor Frederick's Hospital for children, Baginsky never found tuberculosis of the intestine without simultaneous disease of the lungs and the bronchial glands. Among 3,104 *post-mortem* examinations of tuberculous children, Biedert observed only 16 cases of primary tuberculosis of the intestine. I could cite from the literature of the subject many more statistics of the same kind, all indubitably showing that primary tuberculosis of the intestine, especially among children, is a comparatively rare disease, and of these few cases that have been enumerated, it is by no means certain that they were due to infection by bovine tuberculosis. It is just as likely that they were caused by the widely-propagated bacilli of human tuberculosis, which may have got into the digestiv

canal in some way or other—for instance, by swallowing saliva from the mouth. Hitherto nobody could decide with certainty in such a case whether the tuberculosis of the intestine was of human or of animal origin. Now we can make the diagnosis. All that is necessary is to cultivate in pure culture the tubercle bacilli found in the tuberculous material, and to ascertain whether they belong to bovine tuberculosis by inoculating cattle with them. For this purpose I recommend subcutaneous injection, which yields quite specially characteristic and convincing results. For half a year past I have occupied myself with such investigations, but, owing to the rareness of the disease in question, the number of the cases I have been able to investigate is but small. What has hitherto resulted from this investigation does not support the assumption that bovine tuberculosis occurs in man.

Tho the important question whether man is susceptible to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision today or tomorrow, one is nevertheless already at liberty to say that, if such a susceptibility really exists, the infection of human beings is but a very rare occurrence. I should estimate the extent of the infection by the milk and flesh of tuberculous cattle, and the butter made of their milk, as hardly greater than that of hereditary transmission, and I therefore do not deem it advisable to take any measures against it.

Human Sputum the Main Source of Human Tuberculosis.

So the only main source of the infection of tuberculosis is the sputum of tubercular patients, and the measures for the combating of tuberculosis must aim at the prevention of the dangers arising from its diffusion. Well, what is to be done in this direction? Several ways are open. One's first thought might be to consign all persons suffering from tuberculosis of the lungs, whose sputum contains tubercle bacilli, to suitable establishments. This, however, is not only absolutely impracticable, but also unnecessary. For a tuberculous patient who coughs out tubercle bacilli is not necessarily a source of infection on that account, so long as he takes care that his sputum is properly removed and rendered innocuous. This is certainly true of very many patients, especially in the first stages, and also of those who belong to the well-to-do classes, and are able to procure the necessary nursing. But how is it with people of very small means? Every medical man who has often entered the dwellings of the poor, and I can speak on this point from my own experience, knows how sad is the lot of tuberculous people and their families there. The whole family have to live in one or two small, ill-ventilated rooms. The patient is left without the nursing he needs, because the able-bodied members of the family must go to their work. How can the necessary cleanliness be secured under such circumstances? How is such a helpless patient to remove his sputum, so that it may do no harm? But let us go a step further, and picture the condition of a poor tuberculous patient's dwelling at night. The

whole family sleep crowded together in one small room. However cautious he may be, the sufferer scatters the morbid matter secreted by his diseased lungs every time he coughs, and his relatives close beside him must inhale this poison. Thus whole families are infected. They die out, and awaken in the minds of those who do not know the infectiousness of tuberculosis the opinion that it is hereditary, whereas its transmission in the cases in question was due solely to the simplest process of infection, which do not strike people so much, because the consequences do not appear at once, but generally only after the lapse of years.

Our Monthly Talk.

My reply to Dr. Fly's letter last month was brief, but it is sometimes better to cover one point clearly, than to attempt to cover all the points that may be raised. Now let us take another phase of the main point raised by Dr. Fly's letter.

Pure individualism is impossible, except as Alexander Selkirk had to practise it on his lonely island. He was glad to be rescued from his accidental fate by a passing ship. He had undisputed ownership of everything on his island; all the timber, rock, sand, sea-front; all the streams, fish, game, soil—all that his eyes could behold; yet he was neither rich nor happy. He was glad to escape from his fate of pure "individualism." Here is a clear demonstration of the fact that it is the presence of *people* that gives value to land and all its privileges and products.

Degrees of segregation and "individualism" are possible without being ship-wrecked on a lonely island, but all the progress of the world has come by means of aggregation and cooperation, as opposed to segregation and individualism. Savages had to combine for purposes of defensive and offensive warfare, and in this way tribes were formed and perpetuated. But their co-operation went practically no further than warfare and the chase, and the distribution of the spoils of both. In distribution—according to need rather than power and greed—they have always been more just to and considerate of one another than civilized man.

Birth of Civilization.

Civilization dawned when different individuals began to cultivate special skill in special directions, each individual producing more than the individual need in his own product, thus having a surplus to exchange with others having a surplus in other lines. For example, the shoemaker could exchange a pair of shoes for a hat, to the advantage of both himself and the hat maker. This division of labor into distinct and separate lines has produced the wonders that have crowned human effort. The greatest of these wonders are not immense piles of masonry, like the Chinese wall, but intricate machinery that eclipses the dexter fingers, and never grows weary. The exchange made necessary by this division of labor has produced our immense commerce which is so proudly borne by our rivers and seas, and which keeps the iron horse

so busy on his tracks of steel, which tracks now gridiron our whole country.

Where is there room in this bee hive of co-operation for an "individualist?" He is not possible except on a lonely island. However, in the immense and intricate industrial hive of this country, there are many ways for designing, cunning and unscrupulous men to get more than a just share of the product. Sometimes the egotism of these men leads them to think that they have done it all themselves! Their success is due entirely to cooperation, and not to individualism. Even an inventor is dependent for results upon the many industrious hands that put his invention into operation. An unused invention can produce nothing. Then let us appreciate how interdependent we all are. Personal egotism may suffer somewhat, but all the better for that.

Co-operation is either private and voluntary, for private gain, or public, for the general good. Of the latter kind may be mentioned armies and navies, for the public defense, police for the preservation of public order, courts for the administration of justice, the postal system for the cheap and prompt distribution of information, public schools for the making of enlightened citizenship, boards of health and sanitation for the preservation of the public health, etc., etc. All these have been steps in the evolutionary unfoldment of the social organism. No one would now think of abolishing any one of these, nor of placing any one of them in the control of private parties, for the exaction of profit from the general public. These things and many others have been, one by one, claimed for the public service—for the general good.

Private co-operation operates in smaller spheres. The farmer is thought to be independent, but even if he should do all his work himself (if any do), he is dependent on the implement maker for the means of modern farming, and he must exchange his surplus grain for other necessities of his household. The shoemaker, even if he employs no journeymen, must depend on tool-makers for tools, tanners for leather, and his surplus shoes must go into the market for exchange for his other necessities of life. All this is co-operation of a private nature, and a kind which will, perhaps, never become public.

Co-operation is more beautifully shown in a large manufactory, where each worker has his little part to do, the efforts of all resulting in the finished product. Here both men and machines cooperate to the single object of the production of a product of a certain kind. Where is the individualist here? He cannot cope with such a power as cooperation. His methods are entirely inadequate, and he must retire to his lonely and poverty-stricken cave—or become a civilized man.

Results of Machinery.

The use of machinery is only one form of cooperation. Some of its advantages are summed up in an article entitled "Great Movements of the Nineteenth Century," in *The Arena* for July, by Professor Frank Parsons, as follows:

The development of industrial power and time and labor saving machinery is one of the principal

facts of the century. In raising wheat, from breaking the ground to sacking the grain one hour with modern machinery will accomplish as much as twenty-two hours with the old-time plow, sickles, flails, etc. Four men with the aid of machinery can plant, raise, harvest, mill, and carry to market wheat enough to supply with bread one thousand people for a year. To shell 60 bushels of corn by hand takes 96 hours of labor time; with machinery 1 hour is enough. To make a plow by hand took 118 hours, with a labor cost of \$6.34; with machinery now a plow is made in $3\frac{1}{4}$ hours, at a labor cost of 79 cents. To build a standard platform road-wagon with two movable seats and a leather dashboard takes $58\frac{1}{4}$ hours of labor time with machinery, against $204\frac{1}{4}$ hours with the old hand tools, and the labor cost with machinery is \$8.48 against \$48.07 with hand work.

In sawing lumber by machinery, the saving of labor time is 875 to 1 and the saving of muscular exertion much greater still. One man with a double-surface planer will smooth as many boards in a day as 40 carpenters with hand planes. To make 12 hard wood bedsteads now takes 41 hours and $6\frac{1}{2}$ minutes, against 571 hours by hand, or 14 to 1 in favor of machinery. The labor cost by hand was \$141.90 and by machinery \$6.06. One woman with a sewing-machine can do as much as 12 to 20 women with needle and thread. The sewing of 100 yards of Wilton carpet takes $1\frac{1}{4}$ hours by machinery and 27 hours by hand. The making of 100 lbs. of 6-oz. carpet tacks requires 8 hours to-day, against 810 with the old hand tools—100 to 1 in favor of modern methods. In the making of hammers a man can do as much in a day with machinery as in 14 days without it. By machinery now one man can make as many 4-penny steel cut nails in a day as 180 men could make in 1818 (28,000 nails in 2 hours, against 260 hours to make that many nails in the olden time).

The making of a bar of soap in the early years of the century took twenty-fold the labor time that is required to-day. The labor cost of making 25,000 pounds of laundry soap is \$3.25 now, against \$43.20 in former years. A McKay machine enables one workman to sole 300 to 600 pairs of shoes a day, while he could handle but five or six pairs in a day by former methods. The ruling of 100 reams of single-cap writing paper with faint lines on both sides required 4,800 hours with ruler and quill in 1819, while with the modern ruling machine the work is more accurately and uniformly done in $2\frac{1}{2}$ hours with full allowance for foreman's time, etc.—a ratio of 1,920 to 1 in favor of the modern method.

A good compositor will set 6 or 8 thousand ems in a ten-hour day by hand, while with a linotype he will set 50,000 to 70,000 ems in the same time. A modern printing-press with the help of 5 men will do the work of 3,000 to 4,000 persons. Franklin printed his paper on a little press with a big lever pulled down by hand for each impression, and making 60 or 70 impressions an hour. What would he think if he could see one of our giant steam cylinder presses printing, folding, cutting, pasting, and counting 70,000 or 80,000 papers an hour? Two persons with modern machinery print, fold, and gather the sheets for 1,000 pamphlets of 32 pages each in 7.6 minutes, while with a hand-press and bone folder 25 hours were needed—197 to 1 in favor of modern machinery. The total time consumed in making and printing the pamphlets was 21 times as great by former methods as at present. The labor cost of printing and binding 1,000 32-page pamphlets with the aid of modern machinery is 14 cents, against \$7.10 by former methods.

To make 12 dozen pairs of trousers with machinery takes $148\frac{1}{2}$ hours of labor time, against 1,440 hours by hand, with labor costs of \$24 and \$72 respectively. For a dozen pairs of seamless half-hose, cotton, the labor cost is nine cents with modern machinery, against \$1.30 by former methods—with labor time 80 to 1 in favor of modern machinery. With the old spinning-wheel, one man could spin five hanks of No. 32 twist in a week; now 55,098 hanks are made in the same time—or 11,000 times as much for one man with the aid of two small boys. A girl in a cotton mill can turn out calico enough in a year to clothe 1,200 persons, more or less, depending somewhat on the size of the persons and the number of changes of cotton they have.

The railway, motor-car, bicycle, and automobile are fast relieving the horse of his ancient burdens and transforming him into a leisured aristocrat. A first class locomotive will pull as much as 1,800 horses or 10,000 men and a day of labor with the railway (i. e., ten hours of labor for one man in connection with the railway service) will move as many tons of freight ten miles as 200 days with a two-horse wagon and driver. We cross

the ocean in five days instead of twenty-five or thirty, and go from Boston to San Francisco in less time than it took our great-great-grandfathers to go from Boston to Philadelphia. We travel a mile a minute in place of ten miles an hour, as in Franklin's day. The news from South Africa, China, and Europe is flashed round the world every day, so that our papers each morning print yesterday's news from the globe. When Washington died the fact was not known in Boston for two weeks after the event. In 1870, if A in New York wished to hold a conversation with B in Chicago, he must travel 800 miles to do it; now he can go to his telephone or round the corner to a public station and talk to B by electricity, which is able to fly many thousands of miles a second.

For the Public Good.

Many kinds of industry have been begun as private enterprises, which have later been taken over by the general public, for the service of all. Systems of water supply for cities and towns were first established by private enterprise and private capital, for private profit. Most cities and towns have now learned that a cheap and adequate water supply is of such public importance, that it is good public policy that the same be owned and operated by the local government, for the service of all rather than for profit for a few. The public health depends largely on the water supply; so does public and private cleanliness—and it is a practical truism that "cleanliness is next to godliness." The efficiency of protection of property from fire depends largely on the water supply.

The manufacture and distribution of illuminating gas and electric lights are rapidly being taken out of private hands for reasons of public policy. Crime and disorder seek dark places. Thoroughly light a previously dark alley of ill repute and its reputation will be immediately redeemed. A light is better than a policeman. Brilliant (well lighted) home life conduces to contentment, happiness, culture (reading and studying are made possible) and refinement. Hence we see that it conduces to good order for a city to keep its public places well lighted, and that to furnish good and cheap lighting facilities to its citizens helps to raise the standard of private life and of citizenship. Therefore many cities and towns have bought out the private lighting plants, and are furnishing light at the lowest price consistent with cost and efficiency of the service—the object being good and cheap light-service, and not profit.

As we go along, we will find that many other things belong to the field of public service, rather than private enterprise, for private profit.

In former years there were many toll bridges thruout the country; now there are many more bridges than formerly, but very few of them are toll bridges. Cities, towns and counties have found it to be bad public policy to thus restrict the passage of persons and produce upon our highways, so the toll bridges have been bought with funds from the public treasury, and they have been thrown open, free to the public; and additional bridges have been built, for free public use from the start.

In certain parts of the country, the public spirit for the improvement of roads has been considered too slow; hence private companies have improved certain sections at private expense, first obtaining the privilege of collecting

(Continued over next leaf.)

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognise the above tendency, and to adopt it in a reasonable degree. We are also disposed to add *enuf* (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preferit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "snite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

The President's Case.

We hoped to publish in this issue a ringing editorial on the victory of modern surgery in gunshot wounds of the abdomen; but alas! the hoped for victory turned to defeat. In our exultancy we expected to go rather fully into the experiments upon dogs in the development of modern surgical treatment of gunshot wounds of the abdomen, and then, without taking into account the many ordinary (but valuable) lives that have been and will be saved by operative treatment developed by these experiments, ask our antivivisectionist friends: How many dogs is a president's life worth? How many dogs would it be justifiable to sacrifice in order to save President McKinley's life? This, we hoped, would bring the question to them in a new and perhaps startling light; and might prove to them that those who experiment on the lower animals in order to find ways for saving human life and mitigating human suffering, are really humane; while those who object are not humane. But alas! Our opportunity did not come this time. While all that we have intimated concerning the progress in the surgical treatment of gunshot wounds of the abdomen is true,

we cannot take President McKinley's case as a text, as we hoped to do.

We are thus prevented from saying what we hoped to have occasion to say. But in this connection it might be of interest to present to our readers some editorial comments from the large weekly journals—comments which were written when it seemed probable that the President would recover.

American Medicine comments as follows:

The surgical aspects of President McKinley's case are of the greatest interest to the entire medical profession. The alienist and anthropologist may study the psychical traits and mental characteristics of his catiff assailant; the political economist and statesman will be interested in the causes of such crimes and the extent and the remedy for anarchistic teachings and practises; but the medical man will watch with trained eye the bulletins for the rise and fall of pulse and temperature, for those changes in the condition of the illustrious patient which indicate the triumph or failure of our present day methods of abdominal surgery. The Nation may be assured that the care of its chief executive is in the hands of surgeons of skill and ability, men already well known to the profession by their past splendid work, and may be confident that all that surgical art has attained and surgical science acquired, is known and utilized by them. We can but admire the courage of that surgeon who, when brought suddenly face to face with a condition of affairs requiring prompt action and quick decision, was not found wanting; but knowing thoroughly that the President's condition demanded immediate laparotomy, gave his patient the benefit of prompt surgery, thereby giving him the best and only chance for his life. Frequently it has seemed that an obscure citizen received better treatment than a patient of exalted position and power, because of delay in action, multiplicity of consultations, or fearfulness of assuming responsibility; but such was not the case with McKinley. The emergency hospital well equipped, the experienced surgeons, courageous yet not presumptuous, leave nothing in this instance to be criticized or regretted. And whatever may be the result of the skilful efforts to save the life of our beloved President, it becomes an imperative duty of the profession to award to Drs. Mann and Park and their colleagues the credit for their work, and to assure the laity of its confidence in their judgment and ability.

President McKinley's injury seems to be one offering exceptionally favorable prospects of recovery. The location of the wound in the stomach where peristaltic movement is comparatively limited and less likely to spread infection which would produce general peritonitis; the lack of injury to large vessels causing serious hemorrhage; the occurrence of the injury while

in good health and while the stomach was nearly empty, and especially the immediate operation by thoroughly trained surgeons and the assurance of the best possible nursing and after-treatment, give every reason for hope of rapid recovery. Even under the unfavorable circumstances of the battlefield, Makin's recent "Surgical Experiences in South Africa" led him to offer a comparatively favorable prognosis in cases of wounds of the stomach. With the best surgical skill and all the advantages of a well-equipped modern hospital the prospects should be still brighter.

* * * * *

Medical Skill a Factor in the Nation's Welfare.—The nation awaits with eagerness the verdict of the physicians, recognizes the importance of medical skill when to that skill may be attributed the saving of its Executive, and sees that for us life has higher aims than the destructiv arts of war and the selfishness of political trickery. Situations can readily be imagined in which the entire fate of the nation may rest in the hands of members of the profession which has for its mission the saving and prolongation of life and the alleviation of suffering. Perhaps out of this universal grief, because of the acknowledged skill of the operators and because of the patient investigation and experimentation that has within the past twenty years so advanced abdominal surgery as to render not only possible, but probable, the saving of the President's life, the profession may at last receive popular aid in its efforts to perfect the science and art of medicin, instead of being hampered by popular opposition to each successive step from those who will reap the benefit of every advance.

The surgery of the stomach has existed but little over twenty years. It is true that before 1880 occasional recoveries followed wounds of the stomach, more by good luck than good management, and gastrotomy, like cesarean section, has been practised all through the Christian era when surgeons were driven to it; but the last twenty years have revolutionized this branch of surgery. The discovery of anesthetics has made prolonged operations possible; Loid Lister's contribution of antiseptis has made operative intervention practicable with a certainty of recovery which, were it not an everyday occurrence, would be considered miraculous. While in olden times wounds within the abdomen were treated "expectantly" and patients allowed to die of hemorrhage or peritonitis, many lives are now saved, as we believe that of our President has been, by early surgical intervention. In this progress Americans have had no small part. Gross, Parkes and Senn, by their thorough experimental studies, have thrown a flood of light into the study of abdominal surgery. The work of Gross on the "Nature and Treatment of Intestinal Injuries," begun in 1841, was one of the earliest studies of this subject from an experimental standpoint, while Parkes, author of "Gunshot Wounds of the Small Intestines," was practically the first to show, by saving nine dogs out of nineteen by operation, while eighteen treated expectantly

all died, that operation offers the best hope for recovery in penetrating wounds of the abdomen.

intelligence from the surgeons' bulletins at the time of writing lead us to hope for his recovery.

The Advance of Surgery since the assassination of the lamented Garfield is so marked as to demand comment, particularly the advance in surgery of the peritoneal cavity. The introduction of scientific and systematic antiseptics and asepsis and a better knowledge of the physiology and pathology of the peritoneum are responsible for this splendid progress. The multiplicity of operations devised and successfully performed upon the stomach, such as gastrotomy, gastrotomy, pylorotomy, and, more recently, the operation for gastric ulcer, have shown the limits and possibilities of gastric surgery. Since 1846, when Sedillot performed the first gastrotomy upon a human being, until the present time, there has been a steady advance. In 1831 Rydygier operated first successfully for ulcer of the stomach, and the next year Czerny also reported a successful resection of a gastric ulcer; now medical literature is filled with reports of practicable operations on the alimentary canal. But it is unfair to compare the statistics of elective operations with the results of accidental and emergency surgery, in which shock, hemorrhage and the escape of intestinal and gastric contents into the peritoneal cavity may have occurred. A review of the statistics of gunshot-wounds of the abdomen is not encouraging. In less than 5 per cent. of those in which the peritoneal cavity has been penetrated have the viscera escaped injury. Of any 100 such wounds as they occurred during the Civil War there were 64 of the intestines, 17 of the liver, $7\frac{1}{2}$ of the stomach and kidneys, 3 of the spleen, and one-half of one of the pancreas. The general mortality has been very high, its rate being in our Civil War 87.2 per cent. and in general wars, as tabulated by Otis, 75.1 per cent. Even in the less grave injuries of civil life the mortality until recently has been generally much above 50 per cent. For a long time the results were so unfavorable, whether cases were treated by exploratory laparotomy or by the "do nothing" system, that surgeons were divided as to the proper plan of procedure; but present increased knowledge and experience have brought better results, and all are now agreed that early and rapid operation with arrest of hemorrhage, toilet of the peritoneum, removal of irritant and septic material and careful closure of any and all openings in the viscera, offers the best hope of saving life. All observations show that the chances of recovery rapidly diminish in proportion to the lapse of time before operation, the patient rarely surviving a section done a half-day or more subsequent to the injury. Körte, Reclus, Nogués, Morton and others have collected statistics giving the death-rate after operation varying from 65 per cent. to 78 per cent.; and personal reports from fifty-five of our American surgeons of all their cases of abdominal gunshot-wounds give a mortality rate of 70.66 per cent. Such statistics make us fully realize the gravity and uncertainty of the President's condition after the injury, and yet the prompt and skilful attention he received and the latest

The present is not the time to deal with the problem of anarchism—the arrow aimed at it would overshoot its mark. Only when the heat of passion has subsided can Congress approach the subject in the proper spirit. The consideration and adoption of measures to *improve the economic system** with a view to preventing further spread of anarchistic sentiment belongs in the hands of the representatives of the people. The medical profession has, as a part of its responsibility, the extending of research into neurology and psychology, and the closer definition of the dangerous degenerat, whose motif to commit a startling crime is often none other than that which impelled Herostratus to fire the Ephesian temple—a morbid vanity. It was Guiteau's desire to have his "name ring down the ages" that gave him the impulse to his foul deed. Preventiv medicin will in time be able to exercise its beneficial influence in this field. By lessening disease it will reduce the frequency of physical and mental degeneracy, but it must have the help of *economic conditions, under which widespread poverty will be impossible*.*

The following is the leading editorial from the Journal of the American Medical Association for September 14 :

The Attempted Murder of the President.

Our country has been called again to bow in sorrow and, at the same time, in humiliation. In sorrow, because an honest, laborious, well-meaning patriotic public servant has been murderously assaulted while doing his duty, and this without any cause whatsoever. In humiliation, because here, in this land of free speech, of free press, and of democratic government, where the poorest has as much to say who shall be ruler as the most wealthy; here, where the ruler is as a brother to the poorest citizen, where despotism is unknown and liberty in its broadest sense is the heritage and the right of all; here the anarchistic assassin plies his accursed work and excuses his deed by calling it a righteous one.

With feelings of sorrow and abhorrence, mingled with rage, the American people have again stood in the presence of their chief magistrate lying prostrate from a bullet sent by the hand of a being in the form of a man, but who, thank God, bears a name that can not be mistaken for that of an American.

Murder most wanton, murder most foul, murder absolutely unprovoked, yet deliberate, predetermined, and carried out with the tactics of a snake, was attempted. And why? Because William McKinley stood for law and order; because he was the representative of the government. There was no other reason, not even an imaginary one.

Shall we say that Leon Czolgosz is a degenerate? If by this is meant that he is worse than

* Italics ours.

his fellows, yes. If by this is meant that he is so constituted by birth or development that he is physically abnormal and therefore not responsible, no. This idea of calling degenerates all those whose views of affairs become perverted by association with those who glory in pulling down everything that exists because it does exist, by reading only firebrandish literature of anarchism, and by devoting their time to concocting arguments against the fundamental principles of law and order and good government, is absurd. No, Czolgosz is an anarchist, that is all.

So let us leave him and turn to the other side. President McKinley is living today, thanks to the skill of the surgeons. This prospect of a fortunate result in this case of National and world-wide interest is due to the prompt surgical intervention and the application of the best technic and surgical sciences of today. But for these, the anarchist's bullet would have been successful or a practical miracle would have had to have occurred. Those who were called on to save the President deserve all the praise and honor that will be theirs for having proved themselves equal to the occasion.

Surgeons are being called on daily to do more delicate and more difficult operations than was this on the President, but in a patient so illustrious, it required courage in any one who should attempt it. A critical world watcht, and the hopes of a nation were centered on this operation, and a false step, or faulty technic in the slightest degree would mean a mighty disaster. Had there been lack of prompt decision to operate, irretrievable damage would have been done, and the tragedy would have been complete.

This prompt decision to operate gave evidence of courage as well as rare surgical judgment. Perforation of the gastro-intestinal tract into the peritoneal cavity is a most serious condition in any case, and those who attempt to meet it know that condition may be revealed when the abdominal cavity is opened that might defy even the surgical skill of the day to overcome. It is for this reason that courage in this case was necessary. When the cavity was opened and the stomach and the intestines had been examined and two openings in the stomach was the sum of the pathological lesions found, the surgeons certainly breathed more freely, for modern surgery was equal to the emergency. If conditions passing surgical skill had been discovered, who can tell what imprecations would have been heaped on those who operated, when death should end the scene?

We repeat: Under the circumstances, it required courage for the surgeons to do their duty, but they did it. The medical profession of America is proud of and congratulates the surgeons who worked so faithfully to save the chief magistrate of the Nation. They only did their duty, it is true, and thousands of others might have done as well, but nevertheless praise is theirs and we accord it.

Medicins administered by the rectum or vagina should be given in *twice* the dose by the mouth.

A monthly magazine cannot be a newspaper, and it should not try to be. For medical news we must look to our weekly medical journals. However, the sad case of our President is of such absorbing interest that we will be pardoned if we deviate from our usual custom and give some of the facts concerning this case that come under the head of news rather than science.

The Shooting of the President.

[From our Correspondent.]

BUFFALO, N. Y., September 12.

Within an hour of the infliction of the wounds received by President McKinley he was operated upon at the Exposition Emergency Hospital. The surgeons present were Drs. Matthew D. Mann, Professor of Obstetrics and Gynecology, University of Buffalo; Dr. Herman Mynter, Professor of Operative Surgery, University of Buffalo; Dr. John Farmer, Professor of Anatomy and Clinical Surgery, University of Buffalo; Dr. E. Wallace Lee, of St. Louis, Mo., who happened to be on the Exposition grounds; Dr. Eugene Wasdin, of the Marine-Hospital Service, and Dr. Presley M. Rixey, physician to the President.

The operation was performed by Dr. Mann; first assistant, Dr. Herman Mynter; second assistant, Dr. John Farmer; third assistant, Dr. Lee. Dr. Eugene Wasdin gave the anesthetic, which was ether. The operation lasted 45 minutes. Dr. Rixey arrived at the latter part of the operation. There were two wounds, one about the center of the sternum, the other two and one-half inches below the free costal border on the left side and in the semilunar space. It was this latter wound which necessitated the speedy operation. A five-inch incision was made and the course of the bullet followed up. It was found to have penetrated the anterior wall of the stomach. The opening was small and was sutured with silk. After closing this a search was made of the intestines; the stomach was lifted from its position and a larger perforation was found in its posterior wall. It was over an inch in diameter, jagged and irregular. This wound was sutured with black silk also. Continuous catgut was used for the fascia. The skin was coapted with six thru-and-thru silk worm stitches, and interrupted catgut was past between the silk worm gut. The abdominal cavity was thoroly irrigated with normal salt solution. There was very little food in the stomach at the time of the shooting; because of the dexterity of the operators and this happy incident no foreign matter entered the peritoneal cavity from the stomach. The wound was closed with catgut, without drainage, and bandages were applied. The bandages were removed at 8.30 a. m. Saturday and showed but little staining.

Before anesthesia had past off, the President was conveyed by ambulance to the residence of Mr. John G. Milburn, president of the Pan-American Exposition, the emergency hospital being for temporary use only.

There are three nurses and three orderlies in attendance on the President. Dr. Rixey and one of the surgeons are with the President each night, and consultations of all the surgeons are held three times a day. Dr. Roswell Park was at Niagara Falls and came on a special train, and assisted during the latter part of the operation. He is surgeon in charge. Dr. Charles McBurney, of New York, was called in consultation on Saturday, and is still here. He is the guest of Dr. Mann.

The surgeons are much inconvenienced by the incessant inquiries from reporters and are very guarded in their remarks.

NURSES ATTENDING THE PRESIDENT.

The male nurses in attendance on the President are from the United States Army Hospital Corps, who were detailed for this duty immediately after the shooting of the President, from the detachment of Hospital Corps men on duty with the Field Hospital Exhibit of the Army Medical Department at the Pan-American Exposition. The men selected for this responsible duty were Acting Hospital Steward Palmer A. Elliot, and Privates Ernst Vollmeyer and John Hodgins. All of these men completed the excellent course of instruction at the School for Hospital Corps men at the Army General Hospital at Washington Barracks, D. C.; besides which Steward Elliot is a graduate of the Bellevue Hospital Training School for Nurses, and Private Vollmeyer is a graduate nurse of the Presbyterian Hospital of New York City. Private Hodgins is a soldier of nine years' army service and long experienced in military hospitals. Much of the attention required in the President's case is of such nature as cannot well be performed by

female nurses in attendance, and the efficiency of these men is such as to have elicited much favorable comment from the staff of attending surgeons. Army medical officers are highly gratified that the hospital corps should be officially connected with the President's case and have the opportunity of so publicly demonstrating its professional efficiency and the excellence of its personnel.

The female nurses in attendance on the President are Miss Helen Mohan, a graduate of the Buffalo General Hospital Training School; Miss Conley, a graduate of the Buffalo General Hospital Training School, and lately clinic nurse at the German Hospital; Miss Hunter, nurse of Mrs. McKinley and Miss Grace McCullough, of Baltimore, has been summoned.

As the President continues to improve, the excellent judgment and great wisdom in the surgeons who first saw him in treating the President as a citizen and in not being concerned with too much formality or red tape become more and more apparent. The operation from the course of symptoms is to be regarded as an aseptic one. The heat resulting from the discharge of the revolver made the bullet practically aseptic, and the perforations of the stomach wall will heal soon because the sutures pass thru normal tissue, and not, as in the case of tumor and ulcer, thru diseased tissue. The wonderful dexterity of the operators, Drs. Mann and Mynter, prevented any discharge of stomach contents into the peritoneal cavity; hence no symptoms of peritonitis have or are expected to occur.

It is impossible at the present time to get a more detailed technical description of what was done at the operation than that which I have already given.

One of the surgeons in attendance was asked by a press representative to compare Garfield's case and its treatment with that of President McKinley, and in reply stated that to do so would be to give the history of the progress of twenty years of surgery. Besides, he said, the two cases are entirely different. Garfield's wound was an extremely unfortunate one in every way, hard to get at and difficult to handle. The wound of President McKinley, on the other hand, is in many respects a fortunate one. No comparison is possible.

During Tuesday night two stitches were removed on account of some perceptible irritation. The wound was cleaned and again closed. It is the belief of all the surgeons in attendance on the President that his recovery is certain. If peritonitis were to have appeared its symptoms would have been manifest long before the time of this writing, and the fact that the kidneys and bowels have been functioning normally since Tuesday, showed that the surgeons have good reason to be hopeful. Until early Tuesday morning the President received stimulants only hypodermically, but at that time was given a nutritive enema. In the afternoon beef juice was given by mouth. It is not necessary to give sedatives, for the patient gets four or five hours' sleep.—*Jour. Amer. Med. Ass'n.*

The following very interesting account is from the pen of Dr. Edward Wallace Lee, of St. Louis, who was present at, and assisted in, the operation:

"The first, which could not truly be called a wound, but was, in fact, more of a bruise, had been caused by the bullet grazing the flesh of the breast and leaving an angry red mark. The second bullet was seen to have penetrated into the abdomen, and had struck five and a half inches below the left nipple and one and a half inches to the left of the median line.

"Dr. Mann and Dr. Parke, two eminent surgeons of Buffalo, had been summoned, and all were anxiously waiting their arrival. Dr. Mann arrived soon, but Dr. Parke, it was learned, was at Niagara Falls, and could not reach the scene for some time.

"At that time there were present around the operating table Dr. P. M. Rixey, the President's personal physician; Dr. M. B. Mann, and Dr. H. Mynter.

"As soon as I saw the President I was struck with his condition. There was a pallor in his face, and on examination it was found that his pulse was abnormally high. There was every indication that the man was dangerously wounded, and that an immediate operation was imperative.

"There was a consultation of the physicians as to whether it was expedient to wait longer for Dr. Parke or to begin at once. It was finally decided to go ahead with the operation. All the while I was greatly impressed with the President's fortitude. He wore a faint smile on his face, and yet all the while his expression indicated that he knew the seriousness of the wound, that it had been inflicted by a man who had planned to kill him, and that the ultimate success of the treatment was as yet problematical.

"Having decided to perform the operation, one of us said:

"'Mr. President, your condition demands an operation.'

"'Gentlemen,' was the answer, uttered in a low, quiet tone, as if spoken to some little child, 'I want you to do whatever in your judgment you think is necessary.'

"That is the last thing he said at the hospital. We did not encourage him to talk, for we knew that the more quiet he was, and the more free from excitement, the more likelihood of success would attend the operation.

"Dr. Mann then took charge, and the flesh was cleaned by shaving and by antiseptic solutions. The President was then put under the influence of anesthetics, which acted promptly and satisfactorily. An incision was then made in the abdomen, thru the aperture made by the bullet, about four and one-half inches long. Thru this opening the stomach was drawn, and on examination it was found that the bullet had passed straight thru this organ. As the President had had a hearty luncheon between 1 and 2 o'clock, the stomach was partly filled with undigested food. This had oozed thru the holes in the stomach to a certain extent and had run down into the abdominal cavity. Since the abdomen is inclosed in a lining known as the peritoneum, this lining had also been perforated by the bullet.

"The bullet could not be found. Accordingly, the abdominal cavity was washed clean with antiseptic solutions, and all possible care taken to destroy any infectious germs.

"The holes in the stomach were ugly ones, and the posterior hole was much more jagged and torn than the one in front, thru which the bullet passed first. This I consider a most serious matter, altho to be expected, since the bullet had spent some of its force by the time it had reached the further side of the stomach, and thus tore rather than pierced its way thru.

"After repeated bathing of the wounded parts with antiseptic lotions the apertures in the stomach were sewed up with silk sutures, and the abdominal cut was sewed together with silkwormgut sutures.

"The external wound was then carefully dressed with an antiseptic bath, and a wide abdominal binding was applied. The body was then wrapped in sheets, around which blankets were folded, and the President was placed in the ambulance.

"The President was still unconscious when the operation was completed and the ambulance had been summoned to carry the wounded man to the home of President Milburn. This was fortunate, for it was much better for him to be carried away in an unconscious condition than for him to awaken and to be conscious of the jolting of the vehicle."

"The Medical News, in its issue of September 21, will review the President's case editorially. From information received in advance of publication, we give the following quotations:

"The gangrene, extensive as it was, seems to us not so different from others observed under analogous circumstances as to require the assumption of exceptional causes for its explanation. Necrosis of tissue in a thinner or thicker cylinder along the track of a bullet is thought to be the rule, and ordinarily it is easily taken care of by liquefaction and absorption. And necrosis, even of a considerable extent, in feeble patients, about a sutured wound is certainly not unknown, even if rare, and is explained by interference with the local circulation, either by tension or by the spread of coagulation within the blood vessels.

"The spread of the process in a patient of low reparative power would not be so very exceptional or surprising. Was the President such a patient? Apparently he was. According to Dr. Wasdin, when the incision was reopened, toward the end of the fifth day, 'no effort' was required to open it thruout its entire length, altho only the track of the bullet was affected. That expression would hardly have been used unless he had intended to indicate

that the amount of repair usual after that lapse of time had not taken place. Then, the President was 58 years of age, had led a sedentary, laborious and anxious life, and had a complexion and appearance which, for some years, had been commented upon as indicative of impaired vitality.

"It is evident that the surgeons, notably Drs. Mann and Mynter, with whom the first decision lay, acted with commendable promptitude and courage in undertaking the operation, and showed excellent judgment in its course and skill in its execution. They did all that could properly have been done, and nothing that should have been left undone. The usual causes of death after such injury and operation were escaped or removed or prevented, and their patient succumbed to a complication which is so rare that it could not reasonably have been anticipated, and could not have been averted.

THE CAUSE OF DEATH.

"The President died because he could not carry on the processes of repair, and because the effort to do so was more than the vitality of the tissues involved could support. This, of course, excluded the possible presence of poison brought by the bullet, or of destructive action by the pancreatic juices. If either of those was a factor, it needs only to substitute it in the statement for the assumed defective vitality of the patient. Whatever cause acted, it was unrecognizable at the operation and uncontrollable then or subsequently.

"There has been some criticism of the confident assurance of recovery made by those in attendance after the fifth day. To us the progress of the case up to that time appears fully to have justified those assurances, and the public anxiety to have required them."

The review of the case closes with the following reference to the doctors:

"They did their work skillfully and judiciously, their behavior was dignified, restrained and worthy of the best traditions of the profession, and they had the misfortune, when success seemed to have been secured, of seeing it overthrown by a complication which could not have been foreseen or avoided. They deserve our admiration and sympathy, not our criticism."

Medical Equilibrium.

Few men can endure the pressure of sudden and unexpected popularity. All literature teems with the annals of deplorable collapse under such circumstances. Skilled workmen, experienced financiers, brave soldier heroes, and astute statesmen have won such laurels that their heart is broken when new idols appear and claim attention, and their sunset is more melancholy than their sunrise was glorious. History would furnish enough

such instances to pack many volumes; current literature produces quite enough for our consideration. Bill Anthony, lauded to the skies for doing his plain duty, died of a broken heart and at his own hand, because the fickle public had tired of its clay idol. Dewey breastened bravely the Spanish fleet in pursuance of duty, and bore his laurels bravely till one unfortunate act condemned him forever. Hobson sternly sought to win entrance to the jaws of death itself, because of duty; and soon fell from his high pedestal of fame because of a little foolish sentimentalism. We know the prestige and reputation that will follow the already prominent and famous physicians and surgeons who attended President McKinley, and we venture to predict that not one of them will "lose his head" thru the popularity which must necessarily follow attendance upon such a distinguished personage. Medical men who know so well the use of the knife, suture, and cathartic, are in general too well balanced to be swept into foolishness by the flowing and ebbing tide of temporary popularity, and we expect each to wear his well won laurels with professional modesty and dignity.

[The above was written when "everything was favorable," and when it was expected that the President would recover. Now that the worst and the then unexpected has happened, we will not take back the above, for no blame attaches in any way to the medical attendants. However, success would have given the attendants a much greater reputation among the laity than failure, however blameless.]

The Use of Quinin in Parturition.

The conflicting opinions on the use of quinin in labor leads us to note what the recognized authorities have to say on the matter. Many practitioners fail to gain benefit from the drug in labor because it has been accused of causing predisposition to post-partum hemorrhage, and also because, if given in sufficient dosage, it is

prone to induce vomiting. It has never been proven that quinin tends to induce post-partum hemorrhage, and all our knowledge of the drug teaches that it is a preventativ of that complication. Vomiting is often a thing to be wisht for in the case of a rigid and slowly dilating os uteri; but if one does not wish the troublesome vomiting for the sake of the markt relaxation accompanying it, he may administer full dosage of scale pepsin with the quinin and thus prevent vomiting, while gaining the therapeutic effect of the drug in increasing the expulsiv power of the uterin contractions. We append quotations.

King's American Dispensary says: "In obstetrical practise, quinin is frequently serviceable. It may be employed to remedy irregular and ineffectiv pains, and in cases where complications of a periodic nature arise. As with its anti-periodic virtues, small doses of opium associated with it increases its oxytocic power. By its tonic and contractil action, it minimizes the danger of post-partum hemorrhage. * * * Quinin is occasionally of value in puerperal fever and septicemia."

As regarding the danger of administering quinin in pregnancy lest abortion ensue, The International Medical Annual (E. B. Treat & Co.) says: "Chambrelent and Bruyere report as the result of careful study, that only in a small percentage of pregnants is quinin possest of oxytocic properties." [It will be noted that this refers only to the pregnant, and not to the parturient female.—Ed.]

The American Text Book of Obstetrics, referring to this feature, says: "Many medicaments have been recommended for this purpose, but of them all alcohol, quinin and ergot alone deserve consideration. The last was extensively employed at one time, but clinical experience forbids its use to-day. Owing to the recommendations of Albert H. Smith and of Fordyce Barker, quinin has had, and still has, a great reputation as a stimulant

to the uterus in labor. Quinin has the positiv disadvantage, moreover, that it will occassionally in certain susceptible individuals produce post-partum hemorrhage."

Ellingwood's *Materia Medica, Therapeutics, and Pharmacognosy* says: "Quinin has a direct power in inducing contraction of the parturient womb, especially if from inefficient strength the labor has been prolonged until the nervous force of the patient is well nigh exhausted. Fifteen grains may be given at one dose. The contractions become normal in frequency and of regular character and force. It thus overcomes inertia and will prevent post-partum hemorrhage. It is a good remedy for this latter condition when it has occurred. It is a dangerous remedy in large doses during pregnancy, as it may bring on premature labor."

Professor Barton Cook Hirst says: "If there is defect of expulsiv power in the first stage, administer fifteen grains of quinin in capsule with scale pepsin to prevent vomiting."

Grandin & Jarman's *Obstetrics* says: "The administration of quinin in large doses, say twenty grains by the mouth or thirty grains by the rectum, occasionally appears to evoke contractions."

The wise physician guards every prognosis with qualifications as to any probable or possible change in the features of the case. Never give an absolute prognosis of life or death; and, above all, never name the hour of probable dissolution.

"Keep your shop, and your shop will keep you," is yet applicable. No young practitioner has any time to loaf; let him perfect himself in his weak points. The doctor who is seen loafing may as well move. The laity only want the services of a busy man, yet they do not distinguish between a man busy with practise and a man busy at other things. Better be always doing something.

Be cautious in giving atropia to flaxen-haired, light-complexioned, nervous women.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Another Test Case.

Editor MEDICAL WORLD:—On page 343 of August WORLD Dr. S. C. Chapman gives the history of a case and asks the readers of THE WORLD to prescribe. It occurs to me that this case is not the most suitable one on which to test the different schools of practise. This man may die under any treatment, or he may recover in spite of the doctors. Let us select a case on which we can test a line of treatment and see certain results; a case in which if one line of treatment fails, another, and even a third plan may be tried.

A man who has had good health for a year past now has a chill every day at 10 a. m.; he has high fever (say 104 degrees temperature) for several hours; then he perspires freely, gets up, eats a hearty meal, takes his gun, and goes to the swamp to kill squirrels. He is all right until next day when he has the cold, hot and sweating stage again. His bowels act well, his appetite is good in the morning and in the afternoon when the fever leaves him; his tongue has a white coat, or a coat the color of ashes; it is large and indented by the teeth on the sides.

Let us have a treatment that will, in twenty-four or forty-eight hours, arrest the daily paroxysms. In this case we can try several plans of treatment before we kill the patient. Here we can see with certainty what treatment cures the patient at once.

Would like also a treatment for this case: A man who previously had good health has a slight chill at 2 o'clock p. m., fever for one hour or two, sweats freely, and at night is all right, eats a hearty meal, sleeps well, bowels and kidneys act well; but four hours earlier next day he

has a severe chill, high fever, is very restless, delirious, pulse 120 or 125, bowels do not act, kidneys act very scantily, urin is high colored. He vomits almost everything he swallows. At night he is somewhat better, but temperature is still one or two degrees above normal.

We who live in a malarial district know that if this man has another paroxysm he will be in great danger. Tell us how to prevent it.

This is not written in a spirit of criticism. If homeopathic doses will stop the chills in the first case or prevent dangerous symptoms in the second case when the next paroxysm comes, no one is more anxious to know it than I am.

Kindrick, Miss. C. KINDRICK, M.D.

[This is a much fairer test than Dr. Chapman's, for obvious reasons. Will our homeopathic friends be as ready to reply to the first, or to both these test cases, as they were to Dr. Chapman's test case? Will their prescriptions be as uniform? Possibly there may be no "key-note" symptom, like the "sputum flying to pieces like batter." Was Dr. Chapman's test case prepared with this "key-note," in order to display a uniformity that does not usually obtain? We are seekers after truth. We have frankly shown our hands in the test proposed by you; now be as frank with us. Let us have your treatment for the first, or both these test cases proposed by Dr. Kindrick. Let us hear from our own and other schools, too.—Ed.]

The Telephone as an Aid to the Country Doctor.

Editor MEDICAL WORLD:—Some time ago an inquirer in THE WORLD askt how to make a cheap telephone. The answers were all that could be desired, and showed "Yankee ingenuity" to perfection. I was somewhat disappointed in not seeing a reply where the lines had been constructed, and used by the doctor as an aid to his practise.

The utility, convenience and luxury of a telephone line to a country doctor can only be realized by possession. A brief description of a short line that I constructed a few years ago, I hope will be of interest.

My line extends from my office to a little village which we will call "A," about 2½ miles away. Here I have a "phone" in the blacksmith's house. This being at

a cross-roads, farmers living a number of miles away, as well as the villagers, use this "'phone" to call the doctor.

A mile from "A" is another small village and railroad station. Here we have "'phone B," in the railroad station, which of course has the Western Union. This "'phone" is the *luxury* part of the line. In connection with the Western Union I am able to know election returns, ball games, court decisions, etc. I can call a consultant from the city, order medicines, etc. When I am on my rounds, a call coming to the house is telephoned here, saving many miles of travel, in addition to prompt service to patients.

From "B" the line runs to a farm house a mile beyond. Here, also, calls are received. By this means I get patients who would go in other directions, for it would be a drive of five or more miles to come to the office, while the "'phone" brings me nearer than the doctors in the adjoining villages.

In addition to the many social and financial advantages, the honor (?) of being President, Secretary, Treasurer and Board of Directors of a Telephone Company holding a franchise from the Empire State is not to be past lightly.

As to the cost, a line can be put up for a nominal sum. The 'phones can be bought for \$4.50 up, the wire for about \$6 per mile, while the brackets and insulators 5 to 6 cents per pole. The poles should be bought, delivered, for about 50 cents apiece. Thirty-two poles to the mile is about right thru the country. Holes should be dug for 10 cents a hole.

A man of ordinary ability can string the wire, make connections, etc. Putting up a line is an excellent way to work off your dead-beats, and poor paying patients. "No work—no doctor" was my motto. In my case, poles, carting, and setting up were all on bills. In fact, the only financial outlay was for 'phones, wire, brackets and insulators.

Many doctors in this section have private lines, connecting themselves with cities or towns, so I am not claiming any originality. If this little squib has put an idea into a fellow practitioner's ear, it has fulfilled its mission.

H. J. SHELLY, M.D.

Ridgebury, N. Y.

How to Meet Quacks.

Editor MEDICAL WORLD:—"I. H.," in September WORLD, page 371, wants to know "How a physician can practise medicine honestly in competition with such dishonest and disreputable scoundrels," some of whose methods he describes; and asks: "Must we do as 'Rome does'?" If the Doctor has talent, ability and scholarship he would better not do as quacks do. He is not built that way. He is built the other way. He cannot "practise medicine honestly in competition with such dishonest and disreputable scoundrels" by becoming one himself. By imitating the methods of the charlatan he would be merely the counterfeit of a quack; and in that role would sink in effectiveness below the original. Other things being equal, the quack has the advantage of experience and natural adaptability. He may be an impostor from choice or necessity or both; but he has certain instincts and faculties, either natural or acquired, that the "honest" doctor has not; and these he has cultivated at the expense of other and more useful talents. As a humbug he is strong; and it is not worth while to try to beat him at his own game; but in other respects he is a weakling or he would not be a quack. And often no one knows this better than the impostor himself; and this knowledge frequently causes him to overact his part. In a contest of this kind the educated physician is handicapped by all kinds of ethical, moral and other scruples. His honest pride and self respect, if nothing else, would preclude the probability of success. Scholarship and ability inhibit loud-mouthed pretensions, which are the charlatan's stock in trade. To compete with him the Doctor would have to acquire new habits of thought and new associations of ideas. No man can persistently violate the higher impulses and instincts of his nature without paying at once a heavy penalty. The Doctor would, himself, soon have a damaged ability to distinguish truth from falsehood. Keeley, the whiskey cure quack, fell a victim to that silly delusion, Christian science. The quack by becoming a psychological pervert pays a fearful price for a little transient financial success; and his success in most cases is more apparent than real. He flaunts his pretended earnings as he does his pretended cures; and both are magnified by the same process. A reputation built up by such methods is

Children are especially susceptible to the narcotic action of opium and its alkaloids.

more unstable than a house founded upon shifting sands, or "Cesars Column" loaded with explosives. If the ignorant pretender succeeds in building up a reputation as a "fever doctor," that reputation will attract to him all the malignant cases, and his death list will soon be longer than that of all the other doctors combined; and if he escapes the nick-name "Sudden Death" he will be lucky. As he pretends to perform miracles, miracles will be required of him; and altho he may have average success, his patients will be dissatisfied. Thus the law of compensation gets in its work. But if by energy, flattery, shrewdness or skilful dodging he succeeds in avoiding all these and other sources of disaster, he is sure to go down before the next quack whose pretensions are louder or more unique. The charlatan is "of few days and full of trouble." Like Jona's gourd, he flourishes but for a night. The people may like to be humbugged, but woe to the humbug if thru ignorance he allows them to see how it is done, and the quack always does that sooner or later. They are often compelled to flee for their lives, or end up in prison.

Dows, Iowa. J. A. MULNIX, M.D.

Koch's New Theory of Bovine Contagion.

Editor MEDICAL WORLD:—No doubt your grand army of readers are more or less interested in the recent announcement of Scientist Koch, and no doubt the majority of the medical profession denounce his new theory without proving it. I for one am desirous of having positiv proof. We are living in the beginning of a new century, and it behooves us to follow St. Paul's injunction to "prove all things and hold fast to the good." We all know (at least, those who have kept abreast of the progress in the medical profession) that some physicians and a few boards of health in their anxiety to add to their stock of reliable information by reaching a consensus of opinion, have in the past sent circular questions to the medical profession as touching the great proposition of tuberculosis; and altho the replies to queries were ample, the result was disappointing, because in undetermined conditions the consensus of opinion does not settle anything scientifically. The decision of many who give an opinion is influenced by the confidence they happen to have in the judgment of some other professional per-

son rather than by actual knowledge they possess thru personal investigation.

In the perplexing tuberculosis proposition there seems to be unanimity enuf—such as it is—in the medical profession, but this unanimity, like the decoy duck, may be misleading. We need more independence and originality of thought and active investigation to prove premises, not only in the medical profession, but in the masses of thinking men, if we hope to cut the tap-roots of tuberculosis, or any other undetermined proposition, to destroy it or any scourge.

During the last decade Tuberculosis Congresses have been convened, papers written by our most able authors on the various methods of treatment read and discussed, old "chestnuts" crackt, and old "straw" thrasht over. There has been an almost unanimous acquiescence to such proceedings by the multitudes of witnesses, but really how much nearer are we to the eradication of this greatest of all destroyers of human life?

Now we have Koch's new theory relating to cattle contagion thrown at us, which is an undetermined proposition. Why not get at it in an intelligent manner and prove it? Why not do it at once, and find out whether Koch's theory can be substantiated or not? There ought to be fearless persons found in every commonwealth to volunteer their aid to make such provings substantial, and every state where there is a state board of health should be interested enuf in prevention of disease to take up and prove beyond a doubt every such question. In my judgment there is not as much danger of contracting tuberculosis by proving Koch's new theory as there is in submitting to bovine vaccination to prevent smallpox. Therefore I have offered to be one of twenty provers to help make the test in this my adopted state, or any part of the country.

I will not be satisfied with having sporadic tests made by individuals. "One swallow does not make a summer." Hahnemann, the discoverer of homeopathy, was not satisfied with proving a drug on himself, nor with one other proving of the same drug; but the drug must, to satisfy him, be proven on several persons. And he did not launch his theories on the people until by untiring work in proving some thirty drugs covering a period of eight or ten years to find

out that his theory was correct and scientific. Then when he did make his work of science known, the consensus of medical opinion was so rooted in ignorance that he was persecuted until he was obliged to go out of his native country to find disinterested people who were willing for him to prove to the world he was right. Then it took a half century before the consensus of medical opinion would reluctantly let go the old barbarous method of blood letting. With the experiences of Hahnemann and his best followers as provers of drugs, why need we halt between two or more opinions before proving whether Prof. Koch is right or not. With his theory proven beyond a doubt—whether correct or not—we can wipe out tuberculosis, or reduce its ravages to lowest terms within the next ten years. In my judgment, we should cast out fear and get at this proving business at once. I know what it is to be told by five eminent physicians that I was a hopeless case of tuberculosis, and then by dint of circumstances to make a radical change of climate and within three months to be fully restored to health. I also know from experience of ten years, and by saving some four hundred patients—victims of consumption (tuberculosis)—by climate cure, that more than 90 per cent. of such victims can be restored to health, and in from three to six months. All of this experimenting along this line was incited by the “fad” Koch launched out in his “lymph” treatment in 1900, when so much space was devoted in the public press everywhere to give him prominence. His was then a new theory that did not stand the test he promised it would, and the medical profession, and “lungers,” were doomed to disappointment. In my judgment, if his new theory is ever thoroughly proven, it will disappoint the consensus of opinion of the medical profession fully as much as did his first one, for, so far as I am aware, no person has yet contracted tuberculosis from contact with bovines. Do not be afraid, my professional brothers, to offer your aid in proving Koch's new theory. I will guarantee that if any of you contract tuberculosis by becoming a prover (of course the proving will be made scientifically), I will give you information whereby you may in sixty days after taking on the disease regain your normal condition. Surely there ought to be found one score of provers amongst the army of THE MEDICAL WORLD readers

who will join with me to test Koch's new theory. All such men should report at once to either me, or the Editor of THE MEDICAL WORLD, and we ought to have the “nasty” job all over with before the new year is ushered in. Who will be the first volunteer?

Cordially and fraternally yours in the interest of science and the annihilation of the “great white plague.”

W. P. ROBERTS, M.D.,

Residence, Prof. Climatology in Denham
Janesville, Wis. Medical College, Chicago, Ill.

[The Doctor does not make it clear just what would be expected of a prover. The proposition is, to prove that bovine tuberculosis cannot produce tuberculosis in a human being (see September WORLD, pages 400 to 403). The “provers” would be expected to ingest tuberculous beef and milk under strict test conditions, and perhaps consent to the hypodermic injection of bovine tuberculous material. As the Doctor is positive as to his “climate cure” for tuberculosis, he will be asked to contribute an article in next WORLD on that subject.—Ed.]

Exophthalmic Goiter.—“Tissue Remedies.”

Editor MEDICAL WORLD:—I wonder how many of the WORLD family have had any experience in treating exophthalmic goiter. I have recently lost a patient with this disease as the primary cause of death. The patient, a lady 37 years old, married, mother of one child, a daughter 18 years old, had always had good health up to about six months before death. She took to her bed by my orders about three weeks before death. During these weeks she developed many strange complications. For about a week she was awfully restless, thrashing around on the bed almost constantly; then followed an uncontrollable itching over the whole surface of her body. With coarse cloths and stiff flesh brushes the attendants would rub her, and she would scratch herself with her nails. Yet there was not the slightest appearance of any eruption. These symptoms ceased, then followed vomiting, persistent and uncontrollable, delirium, coma, exhaustion and death.

I shall not detail the treatment pursued. Two consultations were held on the case during the last three weeks of her life, and I believe that the best known measures of treatment were resorted to. The patient was surrounded with the best of hygienic

circumstances, and attended by intelligent and faithful nurses. In passing I beg leave to state that two years ago, or a few months less, I had a case of well marked exophthalmic goiter present itself at my office, and to-day the patient is alive and enjoying a very fair degree of good health.

I have read everything published in *THE WORLD* this year, yet I see no mention by anyone of the use of the "Schuessler Tissue Remedies." Now, I claim to be a "regular," a graduate from Rush, yet for a number of years last past I have made use of these remedies with great satisfaction to myself, and with, I am sure, great benefit to my patients. Given a case of ordinary sore throat, that may become tonsillitis, in a child or adult, I care not which, prescribe an ounce box of ferrum phos. tablets 6x (Schuessler), three every hour in hot water, or even dry on the tongue, and in twenty-four hours nine times in ten the case is practically well. You can fairly see the inflammation fade away after the first two or three hours, if you will observe the patient's fauces from hour to hour. These remedies act equally as well in many cases of children's diseases, and best of all you can sleep well at night knowing that no harm can befall your little patients from an overdose by some careless nurse, as too often occurs where aconite, bell., verat vir., opium, morph. sulf., and other sharp double edged swords have been prescribed. It is my firm belief, Mr. Editor, that if the testimony of all the children who have died from the effects of medicines prescribed by doctors and druggists (for they prescribe more than the doctors do) were given, the indictment would be a long and terrible one. Who has got a word to say for the "tissue remedies?"

R. L. MOORE, M.D.

Spring Valley, Minn.

[Doctor, did you use suprarenal gland, or any preparation thereof, in either of your cases of exophthalmic goiter? If so, with what result?—ED.]

Sulfuric Acid, Locally, for Snake-bite.

Editor *MEDICAL WORLD*:—Many have written me about the use of sulfuric acid in rattlesnake bites and other snake bites and dog bites. While I have used the pure sulfuric acid locally and hypodermically, I have succeeded in procuring the original prescription from the gentleman,

a miner, who keeps snakes running all about his room and says he fears no snake bite as long as he has his hypodermic syringe and sulfuric acid with him. He has been bitten over a hundred times. His prescription is this:

R
Pure sulfuric acid 3i
Water..... 5vij

M.—Inject 30 drops with a hypodermic syringe at the point of entrance of fang every half hour or hour.

JOHN H. HENRY, M.D.

Montgomery, Ala.

Further Report on Typhoid Fever.

Editor *MEDICAL WORLD*:—Since sending to you the communication on typhoid fever, which appeared in the June *WORLD*, I was called to treat my niece, Mrs. Mayfield, in Madison county, Texas, for the same disease in quite a virulent form. Her brother and sister had just died of unmistakable typhoid fever. Mrs. M. had no treatment till the latter part of the first week, at which time she was put on approximately the same treatment as detailed heretofore. I was compelled to leave on the tenth day of treatment, but the fever had commenced to decline, and in the competent hands of the physician to whom she was turned over, made a satisfactory recovery.

I am getting so much mail forwarded to me from Georgetown, Texas, please allow me to say that my P. O. address is now *Lytle, Texas*. Invalids and semi-invalids resort in considerable numbers to this portion of the state to enjoy the friendliness of an exceptionally mild climate.

Lytle, Tex. JOHN F. NEAL, M.D.

Vigorous Measures in Typhoid, With Cure in Four Days.

Editor *MEDICAL WORLD*:—This is a progressive age. Permit me to ask a question: Can typhoid fever be aborted? This seems like a foolish question to ask after we have been taught that typhoid fever is a self limited disease, and that its etiology is dependent upon a specific poison. I am now at the point of doubting this, and if I am led off after a stray god I hope the profession will pray for me to be righted. I must tell my experience, although not in the habit of "speaking out in church."

In October, 1900, I was called to see a young man 28 years old, farmer, weight 165; had always been in good health. He

said he had been feeling bad for a month; had no pain, but did not relish what he ate. Felt tired in the morning when he would rise from his bed; had a little fever every day. He eventually took his bed and sent for me. On my arrival, after getting his clinical history, I diagnosed the case typhoid fever in its incipiency. This being an isolated case, and knowing there was not another case in five miles of him, and no chance of infection, I asked myself the question, could not the etiology of typhoid fever be due to autotoxemia? or in other words, due to a morbid condition of the alimentary tract, a putrefaction of its contents generating a gas, which is absorbed and carried into the circulation perverting the functions of every organ of the body? Now if this is the cause of this fever, and the system is not relieved of this gas, delirium, subsultus tendinum, and tympanites, with all other typhoid symptoms will be the result. What will I do? There are but three ways to get that gaseous poison out; thru the bowels, skin and kidneys. I decided to go to work, and here is what I did. First, I ordered a gallon of warm water, put 120 drops of carbolic acid in it, injected all I could in his bowels; when that past off I repeated in 10 minutes, and continued the repetition until everything was washed out to the ileocecal valve, and the water came away clear. I then gave him 8 grains of calomel every 4 hours until he took 4 doses, or until I got a greenish operation from the bowels. I repeated my washing to the ileocecal valve every 24 hours; gave him apocynum as a diuretic, with all the cold water he would drink; gave him a granule of aconitin, veratrin and digitalin every hour until sweating began, then left orders not to let his temperature get below 99—to give whisky with ginger. He sweated 12 hours. He was up in 4 days from the time he took his bed.

I have treated six other cases since in the same way with the same results. I want to add that after the alimentary canal was clear, I used sulphocarb. of zinc as an intestinal antiseptic. My experience is, you must do something and do it quickly. Don't give a little medicin and expect it to do all. The expectant plan won't work where there is trouble ahead. Do not put too much confidence in your nurses, especially in flushing the colon. They will tell you they have done it as you said, but nine times out of ten they

did not use half enuf water. See that the skin and bowels are washt yourself; then you know. Brothers, try this and report, please.

E. T. LEWIS, M.D.

Woolworth, Tenn.

Typhoid Immediately Following Delivery.

Editor MEDICAL WORLD:—I want to report a case that is very interesting to me, and I hope it will be of some interest to the readers of THE WORLD; but should you consider it unworthy of space in your journal, I shall not be offended.

On May 8th I delivered Mrs. C. of a healthy boy baby, it being her third confinement. Nothing unusual occurred during labor. The placenta and secundines were expelled in a normal way. I made her as comfortable as possible, and left mother and child doing well one hour later. When making the usual post delivery visit I found nothing to excite my suspicion, and left her on the third day after labor with all appearance of normality in nature's work.

On the evening of the 13th (5th day) I was called to see her, the messenger stating that she had past a restless night, was having some fever with headache, backache, etc. On arrival I found her with a temperature of 102°, nausea, complained of being chilly. The lochia was normal; no odor could be detected; no soreness over uterin area; this after repeated examinations. The tongue was coated with thick white fur, and margin very dry and red.

14th, morning temperature 102.2°, evening 103.3°. She again complained of being chilly; lochia rather less in amount; was given a douche, but with negativ results as to odor.

15th, morning temperature 102.5°, evening 103.7°. She was nervous, diarrhea was present, skin dry and hot, urin high colored. Still no soreness over uterin area. No appetite. Again complained of being chilly, and past a restless night.

16th, morning temperature 102.8°, evening 104°. Her general condition was worse. There was some tenderness in right iliac fossa. Direct pressure over the uterus failed to elicit any indication of pain or soreness.

May 17th, morning temperature 103.°, evening 103.8°. The tongue was dry, crackt and coated with a thick brown coat. There was an accumulation of sordes on the teeth. An examination of the lochia

could detect no odor, altho it was becoming less each day. She past a restless night with some delirium; nose was bleeding at intervals; there was tympanites, diarrhea and the characteristic eruption of typhoid fever.

Consultation was had, my diagnosis of typhoid fever was sustained, and but little encouragement was offered as to the outcome. She was given the sulfocarbolates to control diarrhea, a liquid diet was enjoined, sponge bath and acetanilid co. to lower the temperature. She was also given a modification of the Woodbridge tablet composed of: Calomel $\frac{1}{8}$ gr., euonymin $\frac{1}{8}$ gr., guaiacol carbonate $\frac{1}{8}$ gr., menthol $\frac{1}{8}$ gr., thymol $\frac{1}{8}$ gr. One tablet every two, three or four hours as the case demanded.

May 18th, morning temperature 103.1°, evening 104°. She had hemorrhage from the bowels in the afternoon. Was given opium, and acetate of lead; and ice was used also. On the 20th she had another hemorrhage and was given same treatment. Lochia at this time had almost entirely disappeared, and did later. There was low muttering delirium.

Such was her general condition until the 28th, when she showed signs of improvement, her symptoms having all cleared up, and this improvement continued, tho slow, until convalescence was fully established by the 6th of June, after which her recovery was uninterrupted.

I have been a reader of THE WORLD for five years and consider it the best one of the half dozen journals that I get. And Mr. Editor, do not stop sending it; if at any time I should get careless or slow about remitting, just give me a gentle hint.

C. S. KING, M.D.

Howardstown, Ky.

Convulsions After Labor.—Successful Treatment for Typhoid Fever.

Editor MEDICAL WORLD:—Noting an article on "Morphin and Verat. Viride for Puerperal Convulsions" in the September WORLD, page 362, by Jas. A. Smith, M.D., of Georgia, causes me to suggest that the intrauterin douche would have been a most excellent treatment for his cases.

I have treated just such cases as he describes with the douche, using one teaspoonful carbolic acid to one quart of tepid water. I never diagnosed it puerperal convulsions. There is likely sepsis.

During the year 1889 I read in THE

WORLD the zinc sulfocarbolat. et bis-muth subnit. treatment for typhoid fever, and have clung tenaciously to it ever since. When I see a case that looks suspicious, I put it on this routine; and if it gets well too soon, the people do not know I was anticipating typhoid. Have treated in the neighborhood of forty cases, and had but one death. I often doubt these cases being typhoid, and have called good physicians in to get their opinion, which has always been corroborativ.

Symptoms were always very mild. Slight delirium, if it could be called that, lasting but a day or two. Never much diarrhea; almost invariably had to give a laxativ. Temperature seldom above 103° after first rise at end of first week—usually being 102° of evenings. The patients were most all up at end of third week; that is, sitting up a little while each day.

The case that died was getting along nicely until about the 19th or 20th day, when perforation took place and the inevitable happened. The case was nursed by any relativ who would come to relieve the mother, and I always believed she was fed some of the "forbidden fruits."

THE WORLD is my ideal.

ELMER A. HUDSON, M.D.
Three Springs, Pa. Jefferson, 1888.

Puerperal Eclampsia.

Editor MEDICAL WORLD:—While a subject is fresh in mind appears to be the most profitable time for its discussion; and so I venture to send you an abstract of my experience with *puerperal eclampsia*, about which your valued journal has recently had a number of interesting articles, as well as suggestiv comments from your facile pen.

With attendance on a few less than 500 cases of confinement, it has been my misfortune to have had four cases of this most serious affliction, each one of which was more terrifying to contemplate than any convulsions I have ever seen from other causes. According to Lusk's estimate there is one case of eclampsia to every 500 of the parturient state. Thus it will be seen that I have had four times my share. The first three of my cases occurred in a Kansas country practise, and were cases for which I had not been previously engaged; so the idea which may arise, that perhaps this frequency was due to negligent ante-partum atten-

tion on my part need only reach the surface of consciousness.

The first case was in a multipara; her third confinement. I was called about nine p. m. to make the eight mile drive. Labor was well advanced and the woman apparently in normal condition. In an hour I delivered her of a well developed child. After its removal, while preparing to deliver the afterbirth, I was surprised by my fingers encountering the feet of a second child, and directly after this, I was still more, and *terribly* surprised to see the woman, without having given any premonitory indications, go into one of these awful convulsions. This occurred not long after my entrance on the practical and independent study of medicine—i. e. the beginning of practise; and you may believe I was overwhelmingly impressed with the feeling that a tremendous task and fearful responsibility may pounce upon the doctor at any moment, be he beginner or one near the close of his career. How I longed for the complacent assurance and universal knowledge of our obstetrical professor as he calmly and eloquently developed the plan of procedure in the most difficult cases. But action—prompt action devolved upon me, regardless of how I felt about it. Fortunately my patient's uterine contractions continued regular and strong, and I was enabled to quickly deliver the second child, also living, though small, and the placenta as well. This being the first duty, it was also the first step in treatment. I hoped that with an empty uterus the convulsions would cease, or at least become less strong and frequent. But sadly was I disappointed; regularly, and as severe as the first spasm, every fifteen minutes came on another. I had given the husband a "chloroformed" napkin, with instructions as to mild use, and when labor was finished the patient was fairly under the anesthetic influence. I then gave $\frac{1}{2}$ grain morph. and $\frac{1}{100}$ atrop. hyp. and followed this with 20 grains each of chloral and bromid pot. per rectum, keeping up gentle use of chloroform. But convulsions succeeded one after another almost precisely to the second of each fifteen minute interval. I had not at this time seen veratrum so highly extolled in this trouble as it has since been, and so failed to use it. I repeated the morph. and atrop. until I had given one grain of the former and $\frac{1}{2}$ of the latter. Also doubled the dose of chloral and bromid with all

minor means I could think of to control these awful attacks. But all my efforts were without avail in mitigating in the slightest degree either the severity or frequency of the convulsions. When the twelfth attack came it was as long, as horrible to see and as close to the preceding one as before.

At this time came my friend and associate, Dr. Rogers, whom I had sent for to aid me. During the years of my study, bleeding was in its worst repute; and my mind was imbued with repugnance to this old time measure, used once for nearly everything and now almost entirely tabooed. Having been overdone, it was at this time underdone. So when Dr. Rogers, who was an older man, whose earliest experience recurred to the closing years of the vogue for bleeding, suggested that we bleed this patient, I hesitated. But the woman would surely soon die at any rate, so we concluded that the abstraction of eight ounces of blood could not much hasten the event, and in the absence of amelioration from all other therapeutics, was justifiable. So I took this amount of the "life-fluid" from the patient's arm. When the next time for the spasm came, what was our immense relief that it did not occur! Minute after minute, in tensest dread we waited, fearing yet hoping. The second fifteen minute space went by without an attack. In short there was not another convulsion after the bleeding. But the poor patient had been too much exhausted by those which for over three hours had so fearfully racked her, and in spite of all our efforts to stimulate her thru the period of depression, she gradually grew weaker and died before sunrise.

Does some one say; "your bleeding did it!" I think there will not be many practical men's voices to that effect. This patient died from exhaustion of nerve force, used up by the violent convulsions. Would she have lived had I bled sooner? I think so, but God only knows.

Both children lived and partially compensated the bereaved husband by growing to be a bright and lovely pair (boy and girl) of children, at six years of age when I last saw them.

My next case came three years later, in a primipara. A robust young woman, in active labor when I arrived, her os about half dilated, when a most terrific convulsion came as suddenly and unexpectedly as if a bomb shell had exploded in the

room. I let labor take care of itself and deprived her of about twelve oz. of blood. I then helpt dilation and delivered with forceps a very large child. There was but the one convulsion. Later examination of urin showed abundance of albumin. Gave cathartics freely and then tr. chlor. iron. She got up on the eighth day as well as ever.

My third case came in about a year after the preceding, and was almost a repetition of it, excepting that the woman had had a convulsion when messenger was sent for me from three miles away. Here, also, labor was progressing well, and when a convulsion had come, which her husband said was the fourth, there being no contraindication, I immediately bled the patient; and as in the preceding cases there was an end of convulsions. The rest of the case was uneventful, and recovery was complete.

I had been five years in this city when my last and recent case occurred. For this I had been engaged from the beginning of pregnancy. The woman was young, well nourisht, and except for having the neuralgic diathesis, healthy. She was a primipara, but had had several miscarriages. During the early months of pregnancy the urin showed nothing abnormal. After the fifth month of the term I had heard nothing from her, and was beginning to think that perhaps the people had changed their minds about the doctor they wanted, which is a more frequent experience in the city than in the country. Then, at about the end of the eighth month her husband came in, just to report how well she had been doing. I told him that the next time he came, which was to be in a few days, he should bring a sample of her urin. But this time was not to come, for on the next day I received a telephone message to call on her, as she was supposed to be in labor. Thinking that it was probably a case of false pains I did not go as thoroly prepared as usual. I found the patient, however, in regular labor with pains almost incessant, and she very nervous. In less than an hour a living child was born; and, as in my first case, immediately after she was seized by a severe convulsion. I had not a lance with me and there was not a sharp pen knife in the house; so as the natural flow of blood was abundant, I concluded to complete labor and then, if necessary, to send for a lancet. After the removal of

afterbirth she had a second spasm. I gave $\frac{1}{2}$ gr. morph. hyp. and 30 grs. each chloral and bromid by the rectum. At her third convulsion her husband askt that I have assistance called, and in the unprepared state I was, I was not unwilling. I felt sure that with the advent of counsel, veratrum would probably come along, and after the laudation of this remedy I had seen since my Kansas experiences, I was inclined to try it in this case. As expected, the Doctor proposed veratrum viride, and I acquiesced. The patient was in a semi-conscious state between convulsions, so was able to swallow the first dose of 12 minims. Another attack coming on soon after, Dr. M— injected 10 minims. There was then no convulsion for half an hour, and the Doctor being very busy, left. The patient continued very nervous, and as she seemed to be approaching another outbreak, and as the pulse had not yet been much reduced, I gave another hyp. inj. of 8 minims. There were no more convulsions, but she remained unconscious or partially waked to a confused mental state for a number of hours. The pulse had gone from 120 at beginning of attack to 48 in an hour after the last injection. Wretched vomiting soon set in, which recurred at short intervals for a couple of hours. The patient had a nervous, restless night, with mental confusion until morning. She has made a good recovery however, and probably a good share in the successful management of the convulsions is attributable to Norwood's tr. ver. vir.

I have already taken up so much of your space that I shall not take more by elaborating my conclusions on these cases. There are several morals scattered thruout for me, and perhaps for others. As most of us are prone to be governed by our personal experiences, can you blame me for saying that I shall still bleed such patients should my execrable fortune pursue me by placing any more of them in my hands?

Dayton, O. Jos. WERTNER, M.D.

Method of Relaxing the Perineum.

Editor MEDICAL WORLD:—In the September WORLD, page 360, I see remarks on the care of the perineum to prevent laceration. For some years I have had no serious trouble in that line, as I have followed a method which I believe will produce almost complete relaxation in the most rigid. Try it. When the uterus is

completely dilated, the head descended well onto the floor of perineum, introduce the three middle fingers of the right hand with the dorsum upward; let the middle finger make slight pressure on the oncoming head, the other two, one on right the other on left side, make firm pressure outward (sideways) and downward on the perineum with each "pain" or uterin contraction. Between "pains," hold what relaxation you have gained. I have yet to see the perineum that will not yield, and become soft, and the outlet become perfectly relaxt. Should the hand become cramped or tired out, have a solution of bichlorid at hand, take the hand away and immediately cleanse it, rest three or four minutes, when you can continue the pressure.

E. A. CRAIN, M.D.

Missoula, Montana.

Obstetrics. — Homeopathy. — Importance of Examining the Spine.

Editor MEDICAL WORLD:—I believe with Dr. Hammond (p. 364, September WORLD) that increast experience leads to decrease in use of forceps.

When every particle of placenta, membranes and clots are aseptically removed there is no reason why there should be very much lochia.

The only lacerated perineum that I have had for a long time occurred in a primipara aged 32, in January, 1901, and I was surely to blame for it. The labor was progressing quietly, and I was carefully pressing my hand against the perineum as each pain came on, just to keep track of the advancing head, when suddenly there came without warning a tremendous contraction, coupled with the voluntary efforts of the woman (who was on her back, limbs well drawn up and spread wide apart), and the child was simply *shot* out, down almost to the mother's feet; and of course the perineum was badly lacerated. Had I been more carefully on my guard, and held back the advancing head and allowed the vulva plenty of time to dilate, there is no reason for believing the perineum would have been lacerated.

I believe Dr. Koch is correct in saying that bovine tuberculosis is not communicable to man. A farmer a mile from my place had forty of his cattle killed in 1899 by a veterinarian sent by the State. Many of them were "rotten" with tuberculosis. I saw some of their lungs that had cavities

that would hold a quart. The livers in many had tuberculous abscesses. But the farmer and his family and his hired help were and are today healthy, and certainly they must have taken into their systems millions and millions of the tubercle bacilli. There are hundreds of cases in this State like the above.

Don't believe for a moment that homeopaths are fools, or ignorant, either. I have counseled with them many times. One of my very best neighboring practitioners is a homeopath. They do take a great deal of pains in selecting their remedies in relation to their "provings," and they are careful about diet, nursing, hygiene, etc., but don't be fooled by believing that they give the infinitesimals all the time. I had charge of a lady who was injured in a carriage accident, and accompanied her to her home in Worcester, Mass., where her homeopathic family physician and a homeopathic surgeon were called. I assisted them in the operation, which was very skilfully done by this homeopathic surgeon, the homeopathic family physician giving chloroform. After the operation was over they gave $\frac{1}{4}$ gr. morphin, with a hypodermic syringe, just as you or I would. I protested, saying that was almost a dangerous dose, and said I had been giving 1-16 gr. tablets that have workt like a charm. Then, said I, how does $\frac{1}{4}$ gr. of morphin harmonize with your 6, 10, 30 and even 50 potencies? They laft and said, we give medicin when it is necessary, as well as you; it is only a few cranks now that use above the 3x.

Dr. Cushman's case (page 391, Sept. WORLD) is probably reflex trouble, either from the spine or the genital organs. Examine her spine by making firm pressure on the spine from the base of the skull down to the coccyx. Press firmly over the spinous and over transverse processes, and if you find any sore points, put a fly blister on that place, and repeat if necessary. I believe the soreness over the liver was reflex neuralgia from a sore point between the shoulders.

Dr. Loope's (page 394, Sept. WORLD) patient probably has soreness at the base of the skull, or between the atlas and axis. Press firmly over the root of the occipital nerve, on the affected side, and if you find soreness, put on a good blister or use massage with a menthol ointment. Nineteenths of the cases of dizziness are caused

by soreness either at the base of the brain or in the cervical region, or possibly as low as the third or fourth dorsal vertebra. Too little attention is paid to the spine. Many obscure cases of dyspepsia, obstinate vomiting, etc., can be located in the spine, and if properly treated can be cured.

J. C. CAMPBELL, M.D.

Albany, Vt.

The Professional Dead Beat.

Editor MEDICAL WORLD:—Who is he? how are we to know him? and how to manage him? are questions of great importance to our profession; and in my estimation these questions have not received the attention from the profession which their importance entitles them to. He may present himself in many ways, and always under the best disguise possible to himself; and without his previous history (which can only be furnished by a brother doctor) we may not be able to recognize him when brought face to face with him, until from sad experience we learn that his case is hopeless after he has worked us early and late, in season and out of season, and now that we will work no more for him for nothing he casts us off and seeks other pastures, which if not more verdant, are sufficiently so for him and his purposes. He may be a good, clever (and this usually means good-for-nothing) poor fellow who comes to you and says that he has learned of your fame, of your wonderful success as a baby doctor, or as a fever doctor, or as a pneumonia doctor, or as the kind of doctor which he just then stands especially in need of; and that he wishes your services, as his wife don't want any body but you. He may tell you how much sickness he has had in his family, and what a hard time he has, and what big bills he has paid your neighbor, and what poor luck Doctor So-and-so has had in his family; or it may be he will tell you that Dr. Blank has been attending his wife now for ever so many weeks, and that every dose of medicine she takes seems to make her worse, and that he and she have decided to make a change, and that he wants you to go right away as quickly as you can get there. You go and he pays you the cash for your visit. He tells you of many good things which he says he has heard said about you (which he may or may not have heard), and you congratulate yourself upon being so lucky as to add

such a good fellow to your list of customers. You make another visit, and he happens not to have the necessary "change." You make another and another visit with the same state of affairs regarding the "change," and you "charge it" and "charge it" until you become so accustomed to charging that you never think of anything else but charging. And you fail to collect it for so long that it has become "second nature" to you to let him run on and on, until finally some dark rainy or cold night, just as you have retired for the night to get much needed rest and sleep, some one knocks at your door, or perchance hello's at your front gate, or calls you by telephone to go from four to ten miles thru rain and mud or snow and ice to see his wife or baby, who has been sick for a week but can't wait till morning for a doctor. You are tired and sleepy and your sense of hearing and appreciation is somewhat dulled; you ask who it is, and the response informs you that he is none other than your old case of "seven-year-itch," figuratively speaking. You decide at once not to go without the cash, and as he has been accustomed not to have it on former occasions he happens not to have it now; and your friend of these many years is lost to you forever. He owes you a long and big bill and forthwith he proceeds to settle same, not with cash, but by the use of his vile tongue in saying all manner of hard things against you that he may know or may imagine. He will delight to entertain his listeners with a narration of all the mistakes which you have ever made or which by any manner he could make them believe you have made. If you have ever lost a case of typhoid fever, pneumonia, scarlet fever, diphtheria or any of the other common diseases which will sometimes terminate fatally in spite of all any of us can do, he is sure to have learned the fact, and this he will roll as a sweet morsel under his tongue and magnify all the facts bearing against you and your management of the case in every way possible. This he will always do in the presence of some of the friends of a patient who is at that time under your care. He does this for the two-fold purpose of settling with you, and as pay for the doctor whom he now calls his family physician, being really more against you than a real appreciation of the other man's services. These fellows will do more talking against you

and for some other doctor than all of the good friends you ever had will do for you and against the other doctor. I do not mean by this to convey the idea that this talk will have a great deal of effect; still all of us know it will have some, and in my opinion this is one of the reasons why the profession has not "set down" on these parties harder and sooner.

These "dead beats" hurt others besides the doctors. They do it in this way: The doctor, after having been worked by any number of them becomes somewhat suspicious of all new patients whose financial standing is not strictly "gilt edged," and may be the cause of the doctor and patient both being placed in an embarrassing position by a little anxiety being manifested by the doctor in regard to payment. Then again, some good people have a suspicion that we charge them more to make up for what we lose on these fellows. Then again, when we are working for these fellows, who neither pay us nor appreciate our services, some good patient who would be glad to do both may want us and can't get us because we are engaged, and thus both the doctor and his good patient are damaged.

On these points, says one, I agree with you; but how are you to get rid of him? I would do it in this way: Let the profession organize and heed the motto of our good old Commonwealth, "United we stand, divided we fall," and furnish to each other a list of those who can but don't pay them; then agree on their honor not to practise for anyone whose name is on this list except for the cash or its equivalent. When a new man moves into your neighborhood, even before he has sickness, if you can learn who has been his doctor, write him and learn what kind of a man he has been, so that you may know him in advance. "Oh, but," says one, "if you refuse to go to the poor fellow he may die, and that would be too bad." I say no, not so bad, because the country would be the gainer; besides he would probably miss a great deal of trouble. "But you surely would not refuse to go to see his wife because he will not pay you?" Yes, sometimes, because I have known her to be the cause of his not paying; and then if she were not the cause, with such a shiftless fellow for her to raise a family for, it would, I think, sometimes be an act of mercy for us to let nature remove her from this world of trouble as soon as she will.

The dead beat is not always a poor man—I mean poor financially speaking; for he may be well to do and impose on you because his credit is good. When you approach him for your bill he says, "Oh, well, I haven't got the money just now; but I will pay that sometime soon." However, he lets it run on for months and years, and either never pays it or it is the next thing to never. Ofttimes these fellows, by their bad business methods, will break; and leave the doctor entirely out in the cold. They will pay merchants, blacksmiths, preachers and all other bills cash, and then after buying all the necessities and luxuries that they may think of, they will settle with the doctor if they have anything left; and thus the doctor is left to wait and wait. Now, I have been doing a little missionary work for the last fourteen years, trying to teach the truth that a doctor's bill is as just as anybody's account, and that if any account is to be first it should be the doctor's. Because when a man is well he can buy of any merchant he pleases; and he can look further for a blacksmith if one refuses him credit; but when he is sick and doctors are ten miles apart, it is a bad time to be forced to look for another doctor. And, gentleman, I am one to lend my heart and hand to the movement which will rid the profession of this unjust burden. Of course I except cases of deserving charity.

G. G. THORNTON, M.D.

Gravel Switch, Ky.

Later.—I desire to report to your columns the organization of a new medical association, which has for its object the advancement of the science of medicine and the protection of the profession from the "professional dead beat." It was organized at Perryville, Ky., on August 20, with a membership of nine doctors, by electing Dr. W. A. Brown, of Parksville, president, and your correspondent secretary. The name was left open for discussion at our next meeting, which will be held September 22. It will probably be "Medical Protective League" or "Association." We will meet regularly every three months and have papers by two or more members at each meeting, and reports of cases by any one who may desire to report. We propose to meet at the offices of the different doctors who are members, at different places, and thus spread the good work, gradually taking in more and more of the profession until we

stand united in this section at least. The following resolution was offered and unanimously adopted :

Resolved, That we, members of the Medical Protective League, will not practise for those parties who are, or who may hereafter be, blacklisted by other members of this association or by ourselves.

Exception No. 1.—If the party offers to give good security or the cash.

Exception No. 2.—Cases of accident left at the option of the doctor who may be called.

Exception No. 3.—Cases of charity.

G. G. THORNTON, M.D.

Sudden Death One Week After Diphtheria.

EDITOR MEDICAL WORLD:—I have had a case of diphtheria, the course and termination of which have puzzled me, and prompted me to tell THE WORLD in order that its readers may perhaps be more ready for a similar emergency.

The symptoms were mild at first, and antitoxin was not used until the larynx became implicated, when heroic amounts were given, and with good results, for the child ate and slept well for a week; then while out in the yard playing she said her stomach hurt, went in the house, had one fainting spell after another, and when I saw her two hours after, she was cold, even her tongue. She kept up a constant wail because of the pain in the stomach, and got up and down with seeming strength, altho the pulse was barely perceptible. Strychnin $\frac{1}{2}$ grain and tinct. capsicum m. x, with tinct. opii. m. vij, and tinct. belladonna m. x, were given inside of fifteen minutes, but not the slightest reaction was visible, and in a little over an hour she died, conscious and suffering to the last. She was nine years old.

Now I hope to learn thru your valuable paper the mode of conduct to pursue in my next similar experience.

F. F. FEASTER, M.D.

Greenland, W. Va.

Gonorrheal Rheumatism.

EDITOR MEDICAL WORLD:—It has been my lot for the past several months to come in contact with a large number of patients afflicted with this peculiar form of rheumatism. It is presumed that the WORLD readers are familiar with the history and etiology of the disease. A few cases that may be of interest, with treatment, will be given.

Case No. 1.—Mr. J. W., a bartender, consulted me on April 11, 1901, for a gonorrhea that was contracted the week previous. He claimed, to the best of his recollection, this was his first case. He was nervous, appetite poor; urethral discharge copious, thick, and greenish in character. Family history good; no evidence of syphilis or rheumatism. On the fifth day after consulting me he returned, urethral discharge absent, appetite fair, nervousness not so perceptible; but left knee enormously swollen, painful and tender; ankle of the same side painful, but not as swollen as the knee. Diagnosed gonorrheal rheumatism. In the absence of evidence of exposure to wet or cold, and no previous attack of rheumatism, diagnosis was conclusiv.

Case No. 2.—Miss G. B. consulted me April 20, 1901, for urethral, vaginal, and cervical discharges. Had been treating herself for leucorrhea; was ashamed to consult the family physician. Her family history was inquired into; none had syphilis or rheumatism. Her home was in a neighboring town, and as discharge became offensiv, both knees swollen and all joints of the body painful, would consult city doctor. She was examined by speculum; found subacute gonorrhea extended into the bladder, which resulted in a bad case of cystitis; purulent vaginitis and cervicitis also due to extension, and an added case of gonorrheal rheumatism. *My hands were full*. No time to expatiate on the wages of sin—it was work.

Case No. 3.—Walter B., lad of 19 years, May 1st consulted me. Said on micturition observed intense pain that reminded him of hot water passing thru urethra; discharge was slight. Returned in a week; was brought in a cab. Joints of entire left side painful; knee and ankle very much swollen. In preceding cases the temperature was normal. In this case over 103° F.

Treatment: Case No. 1.—Large doses of bromid of potassium with salol, and iodid of potassium, 3 times daily. Quinin and antikamnia in 5 gr. doses every 4 hours. The joints were covered with antiphlogistin spread thickly and covered with surgeon's cotton and lightly bandaged. Repeated each day for four days, when discontinued. Have seen patient several times since. Recovery complete.

Case No. 2 gave considerable trouble.

Every complication had to be separately treated; bladder washed out with mild antiseptic solution and vagina and cervix similarly treated. The rheumatism was treated as in Case No. 1, with the exception that a tonic was prescribed in addition. After two months' persistent treatment patient discharged cured.

Case No. 3 treated exactly like No. 1, symptoms abating in five days after treatment begun. C. McKANE, Ph.D., M.D.
Savannah, Ga.

The Cumulative Prepotency of the Sire.

Editor MEDICAL WORLD:—I beg to submit this rule: "Several impregnations by one sire will result in the transmission of his qualities more largely to his progeny of later birth." While first observing this in the lower animals, I have satisfied myself that it will be often noticed in human families, where there are a number of children; but of course not universally. Would like others to observe. If true, this is doubtless allied to the influence exerted by the first impregnation, as seen in horses, etc. J. E. SHORE, M.D.
Leavenworth, Wash.

Amenorrhea.

Editor MEDICAL WORLD:—I wish some light on amenorrhea. Mrs. T. D., Misses Mollie and Lizzie S., three sisters aged 40, 31 and 18 years, and Miss Nannie T., aged 28 years: none of these have ever menstruated. They have been in the hands of many physicians, without any benefit. All of them have been under my care for several years. I examined them expecting to find some mechanical obstruction but found them all normal. By the use of very powerful alterative tonics I have been able to bring them to the best of health, but no menstrual function. These are only a sample of a great many I have seen. One more case of the kind will be of some interest: Miss Maimie B., aged 39. She has never had any symptoms of the menstrual flow, and being assured by her male friends that she could enjoy herself without danger of impregnation, she gave herself full rein at 34 years. To her chagrin she conceived and bore a son.

I agree with Dr. Jas. A. Smith, that morphin does assist the veratrum in allaying puerperal convulsions. Also it assists in controlling hemorrhage, given with ergotin. If J. A. Meldon had given 15 drops of Norwood's tr. ver. vir. and $\frac{1}{4}$ gr. mor-

phin I do not think he would have had any trouble. J. FRANK STONE, M.D.
La Fayette, Ky.

Goiter.

Editor MEDICAL WORLD:—Looking over THE WORLD I saw the inquiry upon the subject of goiter. I have been practising medicine for over fifty years, and have had innumerable cases of goiter. I have not failed to reduce; can give any desirable number of references. My treatment has been alterative, but never applying iodine. The only external application necessary is common adhesive plaster over the enlargement. The medicine that has been a favorite is phytolacca, stillingia and iodide of potassa. I have used the compound stillingia, but would bank on the combination mentioned, with possibly the addition of sassafras. I do not write for anything but for the sake of humanity. I have read THE WORLD many years, but you have not heard from me before. Excuse me, but I know that goiter can be reduced. I will help any who desire it in such a case. I have sometimes given an occasional pill biniodide under some conditions. D. A. JOHNSON, M.D.
Dundee, N. Y.

To Keep Mosquitos Off.

Editor MEDICAL WORLD:—A preparation that will keep off mosquitos and flies is asked for. The following I have found personally, to be quite effective:

B

Oil tar.....	3ss
Oil cloves.....	3iss
Oil pennyroyal.....	3iv
Oil castor.....	3j
Spts. camphor.....	3iss
Spts. ammonia.....	3ij
Oil olive q. s. ad.....	3vj

M. Sig.—Smear over face, neck, hands, and exposed parts.

Cambridge, Mass.

A. D. SHEA.

Rhus Poisoning.

Editor MEDICAL WORLD:—Rhus poisoning I have found can be much relieved, and even cured, by oxide of zinc 3ij, acid salicylic 3ij, water 3vij, alternated with hydrarg. bichlorid (a very weak solution), as lotions. Spts. aeth. nit., altho highly recommended by a WORLD subscriber, has failed to relieve in any instance. DR. SPRAGUE.

Stirling, Ont., Canada.

Replies to Queries.—Treatment for Tonsillitis.

Editor MEDICAL WORLD:—The condition Dr. Roach has presented (pages 396 and 397), can be handled very nicely by giving his patient the following:

Argent. nitrat.....gr. viij
Ext. hyoscyami.....gr. xx
Ft. pil. No. xl.

Sig.—One pill half hour before meals.

Then after meals give a ten-grain powder of caroid, or what would be a little better, eight grains of caroid, two grains boric acid, and two grains of charcoal. Your advice as to the laxativ is good. I am in the habit of using a tablet of aloin, $\frac{1}{2}$ gr., belladonna $\frac{1}{2}$ gr., and strychnin $\frac{1}{2}$ gr. One such to be taken each night. The above, with a properly regulated diet, will soon relieve this patient.

Dr. Moore, of Pomeroy, O. (page 396), can relieve his patient by using a comp. elix. of saw palmetto and santal, put up by Parke, Davis & Co. He must give it in dessertspoonful doses every three hours for the first two or three days, then the same dose t. i. d., after meals. Doctor, you won't cure this old gentleman, but you will make him very much better, and at least so that he can enjoy life.

I think Dr. Phillips (same page) would do well to give his flatulent patient a teaspoonful of a saturated solution of sodium phosphate (P., D. & Co.) in half a glass of warm water one-half hour before meals, and use ten grains of caroid powder after the meals. The sodium phosphate will keep the bowels regulated, and has a special affinity for these cases of flatulency.

We have been having an epidemic of tonsillitis in this part of Kansas, and I want to tell you of a most elegant manner for handling the same. The first thing to do is always clear out the bowels. This I do by giving teaspoonful doses every half hour of a sat. solution of sulf. magnesia until desired effect is obtained, then spray the throat with

Mercuriol, 1 per cent 18½ grains.
Chloreton, 2 per cent 36½ grains.
Boric acid, 8 per cent 2½ drams:

I make up a 4 oz. solution of this and use it in an atomizer every half hour; twenty-four hours generally does the work.

Goddard, Kan. C. E. SCOTT, M.D.

Chloral hydrate should be exhibited with great care.

Quinin in Labor.—Tonsillitis.

Editor MEDICAL WORLD:—Referring to Dr. Lazaro's query, page 364, will state that I have always used quinin in labor; at times in combination with strychnin, and on one occasion only have I had hemorrhage following its use. On that occasion I ordered 15 grains at a dose, and gave 10 grains again in three hours, and used no strychnin. Minute and oft repeated doses of fl. ext. ergot controled the hemorrhage. My deductions were that too much of the drug was used.

A prescription for tonsillitis might be apropos at the present writing. It seems to be well nigh a specific, a rheumatic tendency being present in most cases:

Sodii salicylat.....dr. iss
Ferrous sulfat.....dr. ss
Liq. ammon. acet. oz. iss
Syr. tolu, q. s. ad.....ōz. iij

M. Sig.—Teaspoonful three times a day in water or milk.

J. T. CROWLEY, M.D.
San Francisco, Cal.

September Queries Noted.

Editor MEDICAL WORLD:—As to Dr. Risque's goiter case, September WORLD, page 389, I would advise one drop fl. ext. digitalis before meals and

Tr. ferri chlor. 3ij
Quinin sulf.....3j
Acid phos. dil 3iv
Aquea vel elixir ad.....3ij
M. Sig.— $\frac{1}{2}$ to 1 teaspoonful in water 1 to 2 hours after meals. May refill.

Such cases often have a spinal cause, and the underlying cause may be gout. Examine points where nerves leave spine for deposits in close quarters for the nerves. Use iodids (best ung. iodid hydrarg., rub.). The above has been used for several "handsome" women.

Dr. Young's case (same page) is chronic catarrh of bile ducts. It is likely if he taps a little rufly his patient will confess to a sore spot in right hypochondriac region. Give phosphate of soda in hot water and milk at meals, cream of tartar freely at ten a. m. and at bed time, two grains quinin on rising and at 4 p. m., and $\frac{1}{2}$ grain strychnin before meals. Apply nitromuriatic acid on six-fold pad, 5x7 in., hot, wet, soft cotton, 40 drops for one hour twice a day, not over three times. Also use same acid in foot bath and sponge bath followed by bland "grease bath"

every eight hours. One pad treatment beats a week of the same medicine inside. Cover pad with wool cloth and oil cloth if handy.

Dr. Thomas' case of hysteria (next page) would doubtless respond to ammonium chlorid taken on empty stomach.

Dr. Kraft's case of neuralgia (page 392) might be due to autoinfection simulating malaria. Compound jalap with teaspoonful extra of cream of tartar will clean out the infecting material when nothing else will. Follow with three grains quinin sulf; repeat in three hours. Give jalap second or third day if needed. Eucalyptus is the best drug for cleansing without undue stimulation of irritated nerves. Give $\frac{1}{2}$ to 1 dr. of the jalap compound in a glass of water on rising. Eat three meals that day, not too much.

For those causes of slow pulses like Dr. Thomason's (same page) I would give citrate of potassium and wine of colchicum with wine of antimony, may be, after meals. Lime water once or twice a week only, and potassium bicarbonate where an alkali is needed, to help digest fats, but give fats thru skin unless the lungs or weather prevent enough oxygen being absorbed to use up fats. The alkali is indispensable to get rid of carbonic acid gas so oxygen can be received. Only a few fruits have enough neutral salts to be of value. Barberries are said to combine the malates and citrates, but salts are cheap. Call them fruit salts and say you do not prescribe the fodder or roughness that goes with them, and you do not want the sugars. THE WORLD is taken up too much with cases and not enough with causation. The cases have each an organ needing attention first, but what second? You may help an organ only to reveal others showing a diathesis. Eye symptoms and kidney symptoms are apt to go together, even in so slight a disease as chicken-pox. Vertex headache, tender scalp, "nerve exhaustion," morning or after-meals spitting, constipation "unless patient uses drugs," are all symptoms of carbon excess, oxygen deficit. Now, as fats take much oxygen, sugars and starches less and lean least, you need not starve a patient unless the leans are too much for the kidneys, as would doubtless be the case in Dr. Snodgrass' and A. C. L.'s cases (next page). Dr. Loope's case (page 394) is most likely, judging from dry throat, complicated with auto-infection, the particular type being

rheumatic; salicylate of soda, ammonium chlorid, Rochelle salts, etc., are indicated. Avoid excess of any one food, especially what is liked best. In two weeks patient will be apt to see that food hurts him, and indulgence sets him back three days. Many dry throats are accompanied by a hack, or clearing of throat, sometimes believed to run in the family, but really due to family habit, such as eating cold and hot fats "to keep them from going to waste." Stone root is useful; also pareira brava.

It should be noted that Dr. Seafuse does not say his patient's liver and skin are normal. Perhaps a jaborandi sweat would remove enough impurities to quiet the brain disorders. If such a case "always sleeps well" it may be on the principle of those who always eat well what they like but do not know what hurts them. However, the kidneys may be really excellent and accommodating enough to do part of the work for the skin, if helped by medicine for "costiveness." That points to the liver again. Thump over it. It is often but slightly tender, but a little is enough to denote some retention of cholesterol, which is excitant unless in excess. Thin the bile with the acid pad, soda phosphate, etc. Soothe the ducts with coca and hydrastis. Change the nerve regulator to cimicifuga or pulsatilla.

Dr. Gibbs' case (page 398) is very likely gout. Dose of grey powder every third day and colchicum and alkali; perhaps also small doses of nitric acid before meals. Hot, wet cloth over kidneys for forty minutes at bedtime. Kidney symptoms are doubtless due to absorption of acid ferment products from a "slight" spot in bowels. Injections of ox gall may reach it, but colchicum will bring away vast quantities of acid mucus, the existence of which was unsuspected; and it succeeds where cascara has "lost its effect."

Dr. Ballard's Case 1 is gout of the skin. Use antimony for itching, "hot, wet" over kidneys, "fruit salts." Locally, balsam of Peru diluted with white petrolatum and salicylic acid. Case 2. Look carefully for "congestion of lung" deposits, most likely left lower lobe, and worse when urates are not present in urine. Case needs air and exercise. There is doubtless naso-pharyngeal catarrh, the ache from which varies, but is apt to come awhile after rising. Patient rises late, likely, and brings it on at noon, instead

of nine o'clock as with some. Lung and nose troubles go together; cleanse with H_2O_2 . Follow with inhalation of menthol mixture or oil of eucalyptus—my improvement over Robinson's spray inhalants sans the soother afterward. Nitric acid before meals and the popular elixir "diuretic" (buchu, juniper, acetate of potassium) after meals. A small dose of iodid of ammonia two hours after meals with antimony or arsenic.

I would like to ask the Editor if the underlying cause of hysteria should not be sought always in something more definite than vulnerable nerves or disposition. In one case it is the stomach, and a soother like ammonium chlorid is needed. In another case it is uric acid, overworked kidneys apparently suddenly failing, and one can imagine the effect on the nerves. The liver may not elaborate such waste products as it should. The first thing is elimination—grey powder starts both kidneys and liver. G. B.'s case lacks a little of delirium tremens; coca and hydrastis follow.

Having tried to help others, I want to know whether anyone has detected the enlarged veins in last stage (hemorrhagic) of sclerosed liver by palpation, or mistaken them for cancer. J. P. DICKSON, M.D.

Franklin, Iowa.

[Yes, always seek the underlying cause of hysteria, but do not wait till you find it, as it is frequently hard to find. Treat the symptoms until you can find and remove the cause.—Ed.]

Obstinate Neuralgia.

Editor MEDICAL WORLD:—For the benefit of Frederick E. Kraft, M.D. (page 392, September WORLD), permit me to state that we had under consideration for a series of years a case similar to his, and in our hands all of the drugs known to us were of no apparent benefit to the sufferer. Our patient becoming desperate, we advised the removal, to a greater or less extent, of the upper and middle turbinated bones on both sides. During last month our patient has informed us that he has had no sickness or pain since the operation, which is more than ten years past. When we take into consideration the anatomy of the parts, it is reasonable to conclude that we must expect to meet with cases where the operation is a sine qua non.

Cincinnati, O. A. W. RINGER, M.D.

Editor MEDICAL WORLD.—If Dr. F. E. Kraft will give his neuralgia patient lac caninum, third potency, two drops every one to four hours, as needed, he may be surprised how quick he will cure his case. Did not the symptom of "changing sides" appear, I would give mezerium, third potency, same as above. Stop remedy as soon as pain ceases. I have had many cases, and his experience and my own tallied until I struck these remedies. Now I never fail. Would like a report from the Doctor. THE WORLD is O. K. Newark, O. WM. M. BALDWIN, M.D.

Editor MEDICAL WORLD:—For the benefit of Dr. F. E. Kraft; Brownville, Neb., I will give my treatment for neuralgia, which has been very successful in my hands: Morph. $\frac{1}{4}$ gr. and atrop. 1-100th gr., ergotol 10 drops; add enuf water to fill syringe. Inject under skin over seat of pain. Inject one-half in each side, if both sides are affected at same time. Use only when suffering, and repeat, if necessary, until attacks cease. Please report results.

Ellzey, Miss.

A. B. SMITH, M.D.

Editor MEDICAL WORLD:—Referring to the "Obstinate Neuralgia," reported on page 392 of the September WORLD, I suggest 30 grain doses of ammon. chlorid, with $\frac{1}{4}$ grain doses of ext. of belladonna, to be given in a wafer, or kouseal, with water, every four hours during the paroxysms; and, to secure sleep, give croton-chloral, in doses of four grains, in capsules, every two hours, until twelve grains have been given, or until sleep is induced. A copious drink of water should be given after each dose of both prescriptions.

This hint as to drug-treatment presupposes strict attention to promoting elimination, and to improving the nutrition of the patient. The employment of the arsenical preparation, already begun, need not be discontinued.

With my initial appearance among the correspondents of THE WORLD, I will add that its scheme embodies what, from my point of view, are the essential requisites of a practical medical journal. It angles in all Esculapian waters, and what its hook brings to the surface, is, with rare editorial skill, so elaborated as to convey to its readers, each month, an exceedingly valuable miscellany; such as no other

medical publication with which I am familiar can compare. Its faults? It has a few. To speak faithfully, but kindly, of but two, I should say a tendency to a *shirt sleeve* handling, or discussion of delicate subjects, and the abominable phonetic fad with which, with hopeless persistence, it continues to mar its otherwise excellent typography. ARTHUR H. BIGG, M.D.

Detroit, Mich.

[The Doctor has evidently not read the standing announcement regarding spelling, on the first editorial page, in small print. If he will read it, and the references made therein, he will see that we are not following a "fad," but following the highest scholarship in America and England combined. The reason that other editors and publishers don't do it is the fear of losing a subscriber or two! We have lost a few on this account, but we are going to continue doing our duty, nevertheless. We live for duty rather than subscribers' dollars. However, our subscription list grows, ever and anon; faster during the past year than ever before, and it is going to continue. A steadfast, courageous policy, *if it is right*, will attract growing support. We feel absolutely sure that we are right.—Ed.]

The Editor's Answers Criticized.

Editor MEDICAL WORLD:—I beg leave to criticize a few points in the Editor's reply to Dr.'s Kinzer's and Cooley's queries. In your reply to Dr. Wm. M. Cooley's question in September WORLD, page 390, you said: "Your patient has aspermatism. If it is organic, *i. e.*, caused by some obstruction to the spermatic ducts, he is incurable. Organic obstruction is a sequence of gonorrhea, but may result from traumatism; or orchitis; or epididimitis of non-specific origin." Our kind Editor will remember that the bulk of seminal fluid is secreted by the prostate gland, and not by the testicle. The testicle only secretes the impregnating element (the spermatozoa). Besides, there is an operation which, if you can locate the obstruction in the vas, you can cut out the obliterated portion and reunite the vas with success.

Again, in the Editor's answer to Dr. Kinzer's query, on page 399, he said: "However, on second looking at the Doctor's query, this is not the question. Closing the vas deferens would make the

escape of semen impossible. It would be pent up, and the functional activity of the testicles would be destroyed."

It is a fact that the function of the testicles would be destroyed, but I reiterate that the semen is not secreted by the testicles. So obstructing the vas would have nothing to do with the flow of semen.

Now my observation with a case in view, is this: I did the operation on a man 6 years ago. He was then about 37 years old. I operated by the injection method, heretofore explained in WORLD, and closed the vas. The man has enjoyed perfect health ever since. His sexual appetite is as good as before. His sensations in coitus are as voluptuous, his ejaculations are as great as ever. The testicles have not softened nor atrophied. The seminal fluid is unchanged in quality or quantity, but the microscope shows the absence of spermatozoa since the operation.

Dr. Collins' case is psychic, unless there is some organic or spasmodic obstruction of the urethra or ejaculatory ducts.

Beda, Ky.

R. L. FORD.

[You are both right and wrong. If a man has no spermatozoa in the fluid he ejaculates in coitus, he has aspermatism, and is generally hopelessly impotent. No matter how much of the prostatic fluid he expels, if no spermatozoa accompany the flow, the man is impotent. Prostatic fluid is not semen. We confess that we would not like to attempt cutting and reuniting the vas in any but the most hopeless case. The simple operation for varicocele caused the death of one doctor. He had operated for varicocele on a young man about to be married; had included the vas in the ligatures thru mistake; when on the eve of his marriage the young man found himself impotent, in his rage and despair he shot the doctor and killed him. A man may enjoy coitus and have satisfactory orgasm, without even the ejaculation of prostatic fluid. We think you have slightly misunderstood us, as we use the term spermatic fluid in its literal sense, *i. e.*, as that fluid only which passes from the spermatic ducts to unite with the prostatic and urethral secretions. We admit that your use of the term may also be considered correct. We are glad to know that our comments are so closely scanned. Men who write as you do should give THE WORLD some valuable original articles once or twice a year. We await to edit them, and they will be well digested by a

large and intelligent family of medical men.—Ed.]

Dosage of Fowler's Solution.

Editor MEDICAL WORLD:—In your September issue you criticize sharply A. C. L.'s dosage of Fowler's solution. I have used it very largely in certain stomach troubles and rarely find a patient who can take more than one or two minims *before* meals without marked disturbance of the digestion. When used for gastritis, etc., I think you will find that small doses *before* meals are generally advised. Fowler's solution was perhaps not of much use in this case, but larger doses would have aggravated it. GEORGE H. RHOADS.

Tobyhanna, Pa.

[We have seldom advocated the routine use of arsenic in gastritis or any other disease. Of all drugs, it is one that requires a nicety in discriminative diagnosis as to therapeutic requirements. When actually indicated no other drug will meet the requirements; but if given when not indicated, one or two minims would be far too much. When it is given, the best effect is secured only by thorough saturation after tolerance is established. We would not often institute dosage with a ten minim dose, but we have frequently used much larger initial doses with benefit. We prefer to follow the old rut of a one minim dose in water before meals, and increase the dose one minim each day until we get the physiological effect, or ten minims are given; then we drop back to half the dosage and again ascend. We have never had an over-effect. We have always had good effects when our diagnosis was correct. It has never disturbed digestion when indicated. We have never seen a case which indicated arsenic, aggravated by our customary plan of dosage with Fowler's solution. Dear doctor, please study your arsenical indications over again with care, and then "roast" us till THE WORLD office smokes, if you then feel like it; this is the kind of communications that make THE WORLD unique. When you can furnish us with a condensed list of undoubtedly correctly diagnosed cases in which arsenic was indicated and failed in the dosage we commend, we will gladly publish it, with a full column apology to you. In the meantime THE WORLD needs men like you. Get to work on something original from your experience, and send it to us. While we write editorials from

results of long experience, and with the aid of a competent staff, we are not a wind-mill. THE WORLD belongs more to our subscribers than it does to us; you get all you can get out of us for a dollar a year, and we are spending our lives in trying to get all we can out of medical laziness for the benefit of humanity. Help us do good rather than tersely criticize.—Ed.]

"Obscure Stomach Trouble."

Editor MEDICAL WORLD:—In re the case cited in September WORLD by Dr. O. R. Young on page 389, I would like to say his history is extremely vague, since he says nothing of patient's habits as to drink and smoking, whether jaundiced, condition of urine, and if any nervous symptoms. From vague history given, it would lead one to look for hepatic congestion, or chronic intestinal dyspepsia.

As for treatment, I think it will prove evident to the Doctor that dieting will be his best stronghold, avoiding the following: Strong soups, hot bread or biscuits, any kind of rich made dishes, fats, eggs, butter, tea, coffee, fish, cheese, pies, pastry, malt liquors and sweet wines. This may seem that patient would not be allowed anything, but once tried always tried.

Medicinal treatment: Fairchild's pepsin, spt. chloroform, cascara (P., D. & Co.) or calomel for the bowels. Cup of hot water with $\frac{1}{4}$ teaspoonful sodii bicarbonate $\frac{1}{2}$ hour before breakfast. General tonics, with a combined preparation of Gray's glycerin tonic and Gude's pepto mangan. I make use of the following for such cases:

℞
Ac. nitro mur. dil.....3ij
Spt. chloroform.....3j
Tr. nucis vom.....3ss
Tr. cardamom co.....3v
Elix. lactopep., q. s. ad.....3ij
M. Sig.—Teaspoonful every 4 hours in $\frac{1}{2}$ glass water.

For the bowels:

℞
Fl. ext. cascara sagrada (P., D. & Co.) 3iij
Glycerin
Water aa ad. 3ij
Sig.—Teaspoonful night and morn: g.

If above gives more than 3 good passages a day, I cut down dose to evening alone. Trust these few hints may be of benefit to the patient and doctor.

I like THE MEDICAL WORLD, but am in favor of the Editor answering less queries and leaving them to the subscribers. I imagine the Editor has his hands full in other parts of the magazine. Here is good

chance for all schools to show their differences.

FRED. P. LOWENSTEIN.

Westfield, Mass.

[The Editor wishes to heartily endorse the last paragraph of the above. He will gladly leave the answering of queries to the members of the profession, if they will grasp this opportunity to serve their brethren. Practitioners of different schools are always invited to reply to queries. Do not think that the Editor's reply is the "last word." Feel free to reply, whether he replies or not.—Ed.]

[In continuing the homeopathic discussion, we have endeavored to select from the contributions offered, and cut down those selected, in order to avoid repetition as much as possible. The homeopaths are earnest and prolific; and it is not strange that many have offered the same facts and arguments. In each of the following articles admitted will be found *something* not offered before, with repetitions eliminated as far as possible. As we said last month, we do not expect to continue this discussion (nor *any* discussion) permanently, but we will do so as long as contributions are offered which contain any facts or arguments of value not previously presented in these pages. It is supposed that when a man subscribes for THE MEDICAL WORLD, he does so with the hope of learning what he did not previously know. In order to learn, there must first be a *willingness* to learn from any source. Hence we admit whatever may seem of sufficient importance for consideration, not only from our own "school," but from any source whatever. We should strive to be as broad as truth, that "the truth may make us free"—Ed.]

How to Easily Try Homeopathy.

Editor MEDICAL WORLD:—In regard to the test case of pneumonia in the August number, my prescription is phosphorus. Why? Because phosphorus has produced, when given to healthy persons, great dyspnea, tightness across the chest, a dry, tight, hacking cough, and an expectoration similar to that described in this case, and experience has shown that it will remove these symptoms and restore

the patient to health, when they arise in the course of pneumonia or any other disease. If this patient had received in the beginning a few doses of aconite, followed, perhaps, by bryonia alba, the disease would have been cut short; but at the stage given, phosphorus is the remedy. After it has done its work and produced resolution, sulfur will probably be needed to cause absorption of any remaining deposit. If it is needed, it will be indicated by the symptoms.

The potency question, which seems to be such a stumbling block to the investigation of homeopathy, to some members of the profession, should be regarded as a secondary one. The homeopathic law on which the treatment is based, is that similars are cured by similars—it says nothing about potencies. The law is capable of being tested by the use of the lower potencies, from the third to the sixth, in which the presence of the drug is easily demonstrated. A safe potency to use is the third, in which the proportion of drug to menstruum is as 1:1000. This could hardly be caviled at in these days when every medical man acknowledges the antiseptic potency of solutions bearing the ratio of 1:2000 and even of 1:10,000.

If that seems too much attenuated, put five or ten drops of a good tincture in four ounces of water, shake well, and give teaspoonful doses. Results will be apparent if the remedy is selected according to the homeopathic indications. In practise, many good homeopaths confine themselves to potencies below the sixth or seventh; so it is entirely unnecessary for the brethren of the dominant school to tackle the thirtieth potency when they think of investigating homeopathy. It reminds one of a student attempting a proposition in higher mathematics before he has mastered the multiplication table.

To an honest, unprejudiced mind, no amount of ridicule will weigh against one positive demonstration of curative power at the bedside; and it was to this test that Hahnemann invited the medical profession. "Prove all things and hold fast that which is good."

Portland, Ore. W. I. HOWARD, M.D.

Dr. C. N. Dunn, of Centuria, Ill., wishes to recommend Farrington's Clinical Materia Medica for beginners in homeopathy. It can be gotten from Boericke & Tafel, Philadelphia.

A Homeopath Gives Hints as to "How They do it."

Editor MEDICAL WORLD:—When a physician of any other practise beholds our *materia medica* he is confused by its perusal, simply because he has not learned how to go about it. Many of our prominent remedies have from two thousand to forty-five hundred symptoms. The beginner will say, "how am I to know which remedy is indicated where the same symptoms occur under so many different remedies? We answer by showing that only a limited number of symptoms of each remedy go to to make up what we call the "picture of the remedy."

The most important symptoms are those affecting the whole being; these we designate "generals;" and they include mental conditions. When we find a patient made ill by changes in temperature, storms, eating some article of food, etc., we class such symptoms as "generals," giving them precedence over the symptoms that affect only one part of the body. Should a patient present a fair, fat and jolly appearance, yet easy to cry about the veriest trifles, suffocating in a hot, close room, thirstless, gastric conditions intolerant of rich or greasy food, pains flying from one part of the body to another, symptoms changeable, all troubles worse after 4 p. m., and all made more comfortable by walking slowly in the open air. I would give *pulsatilla* regardless of how I named the complaint.

The next case may be one of chills and fever. Internal heat with external chill, drinking cold water during the chill causes vomiting, while thirst is for little and often during fever; extreme restlessness but no relief from motion; much prostration, yet wants to go from one bed to another: *arsenicum* will cure.

Another case of chills: Trouble develop by getting wet while overheated. This patient has quotidian chill; wants large quantities of water during chill; during fever continual motion, which relieves aching; but as soon as quiet, pains return; triangular red tip to a coated tongue. *Rhus tox.* will speedily restore to health.

There are countless other valuable symptoms to be considered under these remedies, but this illustrates how we make rapid prescriptions if we know our remedies. A good prescriber can keep this work up all day and give the proper remedy every time, provided the patients all

give true answers to his questions. When results are not what we expected we may ascribe it to failure in getting the patient's whole and true condition. Here is where tact must accompany knowledge.

I suggest that all who desire to investigate our methods of practise place themselves in correspondence with some of the contributors to THE WORLD who believe in the law, and in potencies. Then they will not be stranded on middle ground.

Austin, Texas. W. D. GORTON, M.D.

Explanation of "Potency."

Editor MEDICAL WORLD:—In the last number of THE MEDICAL WORLD there are several articles by correspondents, also editorial comments, discussing the so-called homeopathic dilutions. After reading them I cannot but express my astonishment at the unpardonable error, for any homeopathic physician at least, to fall into. By so thoughtlessly making use of the words *dilution* and *potency* as if they were one and the same thing, or as if they were interchangeable terms, or simply a difference without a distinction. By so using them it is exceedingly misleading, and has a tendency to keep our branch of the school of medicin in a false light. Webster defines the word *potency* to mean power, energy, efficacy, which, when applied to our medicins, is superlatively correct. Therefor it will be seen that *potency* is something more than *dilution*, which, according to the same authority, is weak, thin, reduced in strength, etc. Now what homeopathic physician ever thinks of using a *potency* in that sense in his practise? I trow none. Why, then, use a term that must of necessity prove so misleading, particularly to those who have not given the subject a logical consideration? and give to those "whose ignorance is bliss" an opportunity to shoot their darts of ridicule? But the question will naturally arise in the minds of the uninitiated, how convert a *dilution* into a *potency*? Are not all potencies prepared by diluting certain quantities of what is known as mother tinctures with certain quantities of alcohol, either pure or diluted? True, we answer in the affirmative. That is the starting point in the preparation of the remedies, and then the potentization and the developing of the latent dynamics, or the liberating of the medicinal force from the crude material, is accomlisht by vigorous succussion; or if

it be in solid form, the same object is achieved by prolonged trituration, the object being not merely to mix or dilute the medicins with alcohol or to break up and divide the particles of the drug, as is erroneously supposed by some, but the object is to impart to the vehicle with which it is being succust or triturated the *immaterial medicinal force of which the material or crude drug is only the custodian*. And experience, a most valuable coadjutor, has taught, nay has proven, that the limit has not yet been reached in which that mysterious unseen medicinal force may be carried forward from one potency to another, and to attempt to determine the limit by chemical analysis or by microscopical investigation is sheer folly. As well try to investigate magnetic force or the force of gravity by the same appliances. Like all the great energies of nature, medicinal force can only be known or measured by its results; and is unlike toxic materials, the function of which is to disturb or destroy, according to the quantity administered, the physiological action, and to depress the vital force; and whilst the amount of poison in a given quantity of a crude drug can be determined by the application of chemistry, etc., no such investigation can possibly determine medicinal force.

W. B. COWAN, M.D.

Guelph, Ont., Canada.

Test of Potency.

Editor MEDICAL WORLD: — Having received a copy of THE MEDICAL WORLD, I am much interested to enclose check for \$1.00 for a year's subscription. I have carefully read the several articles upon dilution or potency, as well as your comment on same. There is nothing to be gained by argument on the potency question, either as to absolute quantity in a given potency, or how, if present, that quantity acts in the system. I am not a frequent prescriber of high potencies, but have been forced to believe in them by actual experience. Many years ago a drayman, sixty years of age, came under my care for "falling spells," as he called them. He had been treated by a number of doctors; none were able to say what his trouble was, or to help him. I was unable to satisfactorily diagnose the case, but was inclined to think it one of fatty degeneration of the heart. The attacks often occurred twenty and more times a day, coming instantly and irregularly.

When standing or walking he would fall, always backwards, often being injured by the fall. He was obliged to abandon his work and remain at home. Satisfied, from symptoms obtained, that belladonna was the remedy, it was given in the 3 x dilution; the result was complete control over the trouble. I then determined this a fine opportunity to test virtue of higher potencies. Gave bell. 30 x, then 200 x; each prescription controlled the case perfectly. Without knowledge of patient I gave a placebo. In twenty-four hours the attacks returned. Again giving bell. either 30 x or 200 x, the attacks would cease after taking a few doses. I experimented some time in the above manner, often not visiting the case for three or four days. When taking the placebo the attacks would return and grow more and more frequent. My patient lost confidence, and during one of the placebo intervals was fully convinced by a friend that another friend was cured of "just such spells" by wearing steel bracelets on the wrists. He insisted upon procuring and wearing the bracelets. At the appointed date for applying the bracelets I was on hand and left bell. 30 x, which he took as directed in connection with the bracelets. Calling three days later I found my patient happy and confident. No "spells" since I saw him last. I said, "now which do you have most faith in; my medicine or the bracelets?" He replied, "well I don't know Doctor, I have a pile of faith in them bracelets." My thought then was, "old fellow, I'll cure your faith in those bracelets in short order." I left the placebo. Did not see him again for a week, and found the man terribly discouraged; the attacks were as severe and frequent as ever. I then left bell. 30 x, and from that time as long as he lived he had no more attacks. I kept him supplied with a vial of belladonna 30 x or 200 x, no difference in effect, and had him take a dose night and morning. It is my opinion that faith must be considered "nil" in this case. I cannot see how any one can question the fact that there was virtue in the potency. I trust the length of this will not annoy you. Will state that I am Ex-President of the Minnesota State Homeopathic Institute (State Society), also Ex-member of the Minnesota State Medical Examining Board.

Duluth, Minn. C. B. PILLSBURY, M.D.

[It seems probable that the above letter

was not intended for publication; but as it is interesting in connection with what we have been discussing lately, and from a representative man, it will doubtless be of interest to all.—ED.]

Regrets Departure From Strict Homeopathy.

Editor MEDICAL WORLD:—I am a graduate of both schools of medicine. Have attempted to practise homeopathy for over fifty years. Before the war between the north and south I was a strict follower of the old Hahnemannian practise, but during the war I got into a kind of eclectic practise of a slouchy form of homeopathy, mixing and using compound homeopathic remedies, which I shall regret all my life. Now, in my seventy-third year, I am too lazy to abandon it. I wish I could.

Phosphorus is the remedy called for in Dr. Chapman's case, from the keynote symptom. Pus, when falling on a hard surface, will break and fly like thin batter.

J. H. HENRY, M.D.

Montgomery, Ala.

A Case Like Dr. Chapman's.

Editor MEDICAL WORLD:—Am only an infant in reading your journal. I don't allow my pneumonia patients to get where Dr. Chapman's case arrived. Yet I did get a case from other hands. I gave phos. 3 x, as prescription. Yet I prescribed elix. codea and terpin. co., as an adjunct. Am a homeopath, but a condition like this seems alarming. Was trying to do all I could for my patient, and also myself, to beat the other fellow. Patient recovered. Which prescription cured?

Jerry City, O. J. F. Wollam, M.D.

Homeopathic Treatment of Pneumonia Briefly Given.

Editor MEDICAL WORLD:—I offer my method of treating simple uncomplicated croupus pneumonia, homeopathically. From stage of invasion (or chill) to and including bloody infiltration, *aconite* anywhere from sixth to thirtieth potency, eight to ten drops in half a glass of water, teaspoonful every two hours, *until better*; then every three, four or five hours.

Second stage—From infiltration to and including red hepatization: *Bryonia*, same potency and frequency.

I have rarely had a third stage to treat. If it should occur, however, exudation and

reabsorption being tardy, *phosphorus*, thirtieth, used as the others, is the remedy. Sometimes sulfur is indicated, according to symptoms. I have been treating pneumonia occasionally for twenty-three years as above, and they *all recovered*. No other treatment internally or externally has been used. Of course the remedies change according to the various deviations from the normal standard.

Newark, N. J. JOHN K. MULHOLLAND.

Why the Remedy in Dr. Chapman's Case is Phosphorus.

Editor MEDICAL WORLD:—There can be but one remedy for Dr. Chapman's test case of pneumonia, as outlined in your current number, pages 343 and 344. It is phosphorus.

Great dyspnea.

Tightness of the chest.

Scanty and difficult expectoration.

Thin and dirty-looking sputa.

Sputum spatters when ejected.

Respiration rapid and labored.

Hepatization of almost whole of right lung. What could it be but phosphorus?

It might have been *bryonia*, with its severe pleuritic and pulmonic stitches, its acute congestion, its painful breathing, its dread of motion and its bright rusty-colored sputum in the first stage. But now we are in the second week [7th day]; the dyspnea is worse than the pain; the lung is hepatized and the expectoration is dirty and spattering; the blood cells which engorged the tissues having broken down into a degenerated sputum. *Bryonia's* time and symptoms have past and those of phosphorus are on.

It might be *iodin*, but it isn't. *Iodin* is best adapted to right-sided pneumonia, but it suits the tubercular subject with recurring abscesses of the parenchyma. Its dyspnea is that of a general debility and constitutional invasion rather than that of acute hepatization. Its sputum is viscid and blood-streaked. In chronic or uncured pneumonia—the caseous degeneration of Niemeyer—*iodin* is king. Likewise in acute pneumonia on a phthisical base.

It might be *rhus toxicodendron*, but it isn't. The case isn't typhoidish *enuf* for *rhus*. There is not laid down the muscular soreness, the bodily fatigue, the bruised and battered and lame feeling of this remedy. Furthermore the illness didn't start from a ducking or drenching, and we

always take the cause into consideration in prescribing homeopathically, when possible. Rhus covers the symptom of rotten sputum (if the inelegancy of the word can be forgiven), but its concomitants are not present and it is not rhus.

With hepatization on in full blossom, with great dyspnea, with right-sided pneumonia, and with degenerated sputum, it is Phosphorus, "with a capital P."

"Why is it phosphorus?" do you ask? Because in the proving of this remedy upon healthy human beings, for the purpose of ascertaining its range of action uninfluenced by the presence of any condition of disease, and from accidental and suicidal poisonings by phosphorus, it has been shown that it produces a counterpart of the symptoms presented in Dr. Chapman's test case; and because every homeopath, who is a homeopath and not an "'alf and 'alf," knows that any drug or remedy whose carefully conducted proving test shows it capable of producing a given chain of symptoms, will most certainly remove, or cure, those symptoms in the sick, if given in doses which will not add to the trouble by setting up a drug aggravation, and if given in a potentized form and not repeated often enuf to spoil the case. A hunter doesn't shoot at a bird till he kills it and then keep on shooting at it. No more should the physician shoot his doses at a disease condition and keep on shooting at it, at certain stereotypic hours of the day or minutes of the hour, without knowing what his first shot has done.

In good homeopathic practise three cardinals stand out prominently:

First. Select the remedy, not haphazardly, carelessly or routinely, but according to the clearly defined law that medicines have affinities for organs, tissues and parts, upon which they act in a positive, unerring and uniform manner.

Second. Always give the least possible amount or dose capable of producing the desired result, whether the "lightning calculator" of Wurtzboro can calculate its potentiality by mathematics or not.

Third. Repeat the remedy upon the indications of the patient and the known duration of action of the drug in hand, not by either the Julian or the Gregorian calendar, the hands of grandfather's or any other old clock, nor by the dial of your Waterbury.

Adherence to these, the "Golden Rules

in Physic," makes medicine a science and its art easy of fulfillment.

103 State street,
Chicago, Ill.

C. E. FISHER, M.D.

Indications for Phosphorus.

Editor MEDICAL WORLD:—In answer to the test case proposed by Dr. S. E. Chapman, pages 343 and 344, I would say:

The case as given is very meager in symptoms. We would have liked to know, for instance, the mental symptoms, condition of the tongue, bowels, micturition, thirst, hour of aggravation, which remedy was given for the first stage, etc. Not knowing these additional circumstances (which might modify or corroborate our selection), we are yet able to prescribe for the case as it stands. There are several indications for bryonia, but on the whole we would unhesitatingly prescribe phosphorus, for these reasons: Phosphorus is indicated in 1. Broncho-pulmonary catarrh. 2. In that pathological condition which we call "pneumonia," especially in its second stage. 3. Hepatization of the lung, especially of the lower part of right lung. 4. In pleuritis its peculiar symptoms are: 5. Expectoration difficult, rust-colored, tenacious mucus; thin and dirty looking, and "when falling on paper, breaks and flies like thin batter." 6. Respiration short, labored, panting, anxious. 7. Suffocating constriction of chest. 8. Cannot lie on left side or back, and is obliged to sit up when coughing. 9. Pulse rapid, accelerated, weak, small. 10. Threatening paralysis of the lungs.

Comparing with the conditions as well as the symptoms given in the test case, we see that almost all (not to say *all*) the symptoms are covered (as we express it) by that one remedy—phosphorus. And as no other remedy has the totality of symptoms as clearly as this one, we have no hesitation in prescribing it for the case. The potency is left to the judgment of the prescriber. I would use the 30th or 200th.

J. LOPES CARDOZO, M.D.

Brooklyn, N. Y.

Editor MEDICAL WORLD:—I subscribed for THE WORLD on one of your taking offers, and because I am with you on the great public questions of the day. While I am a "regular," I admire the spirit of fairness that actuates you in opening THE WORLD to different schools of medicine. In common with other "regulars" in this section, I am ignorant of homeopathy, but if those who contribute to THE WORLD are representatives of the system, I am glad to learn of such men. I thank you for giving me this opportunity of meeting the brethren of another medical faith, and I hope we will all be the better for it.
J. M. TEMPLETON, M.D.
Cary, N. C.

Calls It a "Kindergarten" Case.

Editor MEDICAL WORLD:—I should prescribe for the "kindergarten" case of Dr. Chapman as follows: For the initial chill, two or three doses of aconite would have ended the attack in twenty-four hours. Aconite is not fully indicated for "fever" as "fever," but is indicated in a chill mixt with flushes of heat, brought on by external means (like a draught, while warm); but when the chill has past away and a sthenic inflammation has set in with fever, aconite will only check the inflammation, but will not stop the pathological process; it should not be given longer than twenty-four hours: it must then be followed with another remedy indicated by the symptoms of the case as then presented. In Dr. Chapman's case the remedy on the seventh day was phosphorus. All this from the homoeopathic standpoint. I have called this case a "kindergarten" case because any medical student in the third year at a homeopathic college ought to be able to prescribe for it correctly. CHAS. B. GILBERT, M.D.

Washington, D.C.

Why Some May Have Been Led to Prescribe Lycopodium.

Editor MEDICAL WORLD:—Being a homeopath and prescribing only a single remedy at a time, I would advise phosphorus in such a case as Dr. Chapman mentions. In one of our reference books, "Gentry's Concordance," there is a typographical error, and lycopodium is stated instead of phosphorus. This may lead some of our homeopaths to prescribe lycopodium. But a reference to Hering's Guiding Symptoms will soon convince them of their mistake.

Toronto, Ont. E. A. P. HARDY, M.D.

An Advocate of Lycopodium.

Editor MEDICAL WORLD:—Possibly I do not catch the meaning Dr. Chapman intends by his challenge. Certainly prescribing for a hypothetical case will prove nothing for or against the success of the method used. I take it the Doctor expects to impress upon the profession the fact that the homeopathic prescribers are systematic in their method of applying drugs, and that all other systems are most unsystematic. More than this, I venture that the Doctor has had precisely such a case as he presents, and found the remedy indicated saved his case.

The Doctor's article, from beginning to end, is clear, dignified and honest. It would be well for many to read, reread and read again. Much of *untruth* has been so continually promulgated by nonbelievers in homeopathy, it is refreshing to those who have made this system a life study to read in a journal which probably is read by a goodly number of fair meaning men of all schools Dr. Chapman's statements.

From the symptoms given, the prescriber he at once thinks of aconite, bryonia, phosphorus and tartar emetic. But here is a desperate condition confronting him on the seventh day of the disease. No matter how he should have been treated up to the seventh day, now all is lost unless relief comes sure and quickly. The relief will be obtained by administering *lycopodium* 30x, 10 drops in $\frac{1}{2}$ glass of water; a teaspoonful every hour. The adjunct management of this case, taking for granted he has an experienced and, to the doctor, satisfactory nurse, is of minor consequence. The demand is for a remedy, if such can be found to meet the conditions. *Lycopodium* covers the *totality* of the symptoms, and is sure to save the case if *any* treatment can save it.

The subscriber to this article, after 23 years' experience in practise, and having been in close relation with the regular profession, where he has observed their methods of handling pneumonia, confidently asserts that the above prescription is practical, scientific and life preserving; whereas "supporting treatment," oxygen, all empirical efforts, impress one with the feeling that "he who enters here leaves hope behind."

Duluth, Minn. CHAS. B. PILLSBURY, M.D.

Lycopodium Again.

Editor MEDICAL WORLD:—In the case of pneumonia described by Dr. Chapman there are two remedies that present themselves to my mind; one is aconite and the other lycopodium; and as lycopodium is the only remedy in the *materia medica* that covers all the symptoms recorded by the Doctor, I should give the patient lycopodium cc., prepared by hand, and expect it to cause the disease to disappear.

The guiding symptom in the case is this: "Expectoration scanty and difficult, thin and dirty looking, flying to pieces like batter when falling on paper." Aconite might help, but not cure.

Portland, Ore. GEORGE WIGG, M.D.

Editor MEDICAL WORLD:—If Dr. Chapman's patient is yet alive, give him phosphorus 3x until improvement is manifest, then end the case with tartar emetic 3x. Might as well throw water into a rat-hole as to give that man aconite now.

Omro, Wis. J. S. DANIELS, M.D.

[Besides the above homeopathic articles on the test case, there has been a monotonous stream of short letters and postal cards, nearly all recommending phosphorus. Nearly half say nothing about the potency, quantity or frequency, but merely recommend phosphorus. Others say "3x," "3x up," "not lower than 3x," "low potency preferred," "no matter about potency, but suggest the 6th," "6x," "6x to 30x," "3x, 30x or 200x—any potency above 3x," "30x to cm.," "200," "200x or above," "1,000th," "prefer Dr. Fincke's 40,000 or 50,000, but if I could not get these I would be satisfied to use the 2,000th," "only the 'high and higher' potencies," etc. There are still three letters undisposed of; two prescribing lycopodium, one not mentioning the potency, and the other saying "lycopodium cm." and one recommending "bryonia alb.," not going into any particulars. This is as fair (and brief) an analysis of the remaining correspondence now on hand as the Editor is capable of making. It shows that we who are "regular" must admit that our homeopathic brethren are much the more *uniform*, except in the matter of potency, and many of them claim that if the right drug is chosen, the potency is not important.—Ed.]

Replies to Test Case From Miscellaneous Sources.

From a "Hybrid."

Editor MEDICAL WORLD:—I have been much interested in the prescriptions for Dr. Chapman's test case of pneumonia. Possibly their aspect from the point of view of a hybrid might prove of interest to others. Prescriptions written after reading your last issue would be regarded with suspicion of being influenced by its contents. An analysis of those received

prior to its issue shows that 24 homeopaths would give phosphorus straight, and this uniformity seemingly became so monotonous that you bunched the rest as "several others." We will say that 30 homeopaths prescribed phosphorus only, 5 prescribed lycopodium—enuf to show the diversity of men's minds (provided always homeopaths have minds), one classed by you as a regular school man but evidently like myself, a hybrid, also prescribed phosphorus.

Seven regular school men (including the hybrid) prescribed (1) strychn., (2) nux vomica, (3) morph., (4) atrop., syr. scillae co. [(5) senega, (6) tart. ant. et potass., (7) squills], (8) acetanilid, (9) aconitin, (10) codein, (11) creasote carb., (12) whisky, (13) tartar emetic (uncombined), (14) ipecac (uncombined), (15) quin. sulph., Dover's powder [(16) ipecac, (17) opium, (18) sulfate of potassa], liq. ammon. aromat. [(19) carb. ammon., (20) water of ammon., (21) oil of lemons, (22) oil of nutmeg, (23) oil of lavender, (24) alcohol], (25) digitalis, (26) sulph. of magnes., (27) calomel, (28) castor oil, (29) turpentine, (30) normal salt solution. In addition to these 30 remedies to be used internally, these seven regular school men prescribe externally (31) cold water sponging, (32) alcohol baths, (33) flaxseed and mustard, (34) bleeding freely, (35) blisters, (36) hot bathing of feet, (37) hot bathing of whole body, (38) mustard poultices.

To sum up, 35 homeopaths and one regular school man prescribe but two remedies; and of the 36 medical men 31 prescribe the same remedy. Seven regular school men prescribe 38 remedies.

My interest in this symposium of therapeutics is intense, and has been stimulated by the fact that last spring a young patient of mine, whom I treated for pneumonia some two years ago, was again attacked, progressed well for several days, when, for reasons unnecessary to mention, he had a relapse—or what is more scientific nowadays—a *fresh infection*. He quickly assumed a condition very similar to Dr. Chapman's case. I called counsel, and not all, but many of the prescriptions and proceedings recommended above by regular school men were used, including saline normal solution; and in addition oxygen inhalations were constantly and persistently employed at an expense of from \$25 to \$30 a day. Result—death.

Since I began to browse the thera-

peutic trees of homeopathy and eclecticism some 11 years ago, I have not had a pneumonic patient get into so alarming a condition, and therefore was not familiar with this use of phosphorus. I knew it was used in pneumonia, and did consult my authorities and found that they recommended it. But as the case was an important one and one of great personal interest to me, I had not the courage to depend on it without any experience. Hence the consultations. It is needless to say that under similar circumstances now I should use phosphorus until its inefficiency was demonstrated before seeking counsel from my confreres of the regular school. Should we regular school men be surprised that pharmacists find profit in plying us with preparations like the one described in enclosed circular, which is a cough mixture containing sixteen distinct drugs besides the syrup used as an excipient?

GEO. M. AYLSWORTH, M.D.
Collingwood. Canada.

The Test Case of Pneumonia From an Eclectic Point of View.

Editor MEDICAL WORLD:—In Dr. Chapman's case I would give guaiacol carbonate, five grains, every four hours; specific bryonia, one drop, every hour; strychnin, hypodermically, 1-30 gr. every three hours.

I have never found aconite to be of any use in such cases. It rather does harm; also veratrum viride sometimes. When the heart is weak, I use either digitalis or glonoin in connection with strychnin, as the case may indicate.

I consider external applications of the utmost importance. I order guaiacol, ten drops dropt on the affected area every two or three hours; rub in well. I have seen the temperature drop one and sometimes two degrees in less than half an hour. I sometimes combine the following for external application:

R
Guaiacol..... 3j
Ol. terbinth.
Ol. amygdal. dulcis..... āā ad 3vij

Apply to the affected area about half a table-spoonful and rub in well, then take a flannel cloth, dip in warm water, wring the water out, then fold the flannel several thicknesses and place it on a hot stove until steam is formed, and apply it to the affected part of the chest. This can be repeated every two or three hours.

I have used venesection only once. It was a case of double pneumonia and a

very plethoric patient. I took thirty-six ounces of blood. The patient got easier at once, and with the above treatment made a complete recovery. I never use cold applications to the chest, but I do to the head. I consider it barbarous, and condemn it entirely. I have seen enuf of it in the practise of others. It may do good in some cases, but if not it will surely do harm. T. JENSON, M.D.

Spring Grove, Minn.

Aconite, Bryonia, Sanguinaria and Sulfur.

Editor MEDICAL WORLD:—Never have lost a case of pneumonia for twenty-five years. I should prescribe aconite till chill and high temperature abate. Then for the inability to lie down, bryonia. After the stitching pains have abated, for the hepatized lung and rust colored sputa, sanguinaria. When that is broken up and lung takes on resolution, if there be thick, yellow, offensiv sputa, finish up with sulfur. WM. M. COOLEY, M.D.

Herington, Kan.

[Our first thought was to class this among the homeopathic contributions; but we now see that it *might* be eclectic. As its classification is in doubt, we will put it among the miscellaneous.—Ed.]

Eclectic Reply to Test Case.

Editor MEDICAL WORLD:—A more extended description of symptoms in Dr. Chapman's case would assist an eclectic physician in his choice of remedies. We are to infer that it is due to the sudden arrest of the functions of the skin, that gives rise to the pneumonia we are called upon to prescribe for, without a reference to the present condition of the skin at the seventh day. An extensiv burn with corresponding arrest of the functions of the skin excites intestinal inflammation. Inability to restore the skin functions causes death. In this case, until the functions of the skin are in part restored, may we not infer that the first cause is still extending existing troubles? *Asclepias tuberosa* is my best remedy to meet this impairment. No remedy can give complete and quick relief to the "great dyspnea," due to hepatization. This condition is much aggravated by the pleuritic distress inevitable upon respiratory action. Relief from this pain means deeper breathing, and not so frequent, better aeration, and possibly sleep. *Bryonia* is my best agent for disease of

serous membranes with sharp pain on movement. My third remedy to slow and strengthen the heart is aconite.

℞
Specific tinct. aconite.....gtts. x
Specific tinct. asclepias tub.....3ij
Water.....3iv

M. Sig.—One teaspoonful every two hours in alternation with

℞
Specific tinct. bryonia.....gtts. x
Water.....3iv

M. Sig.—One teaspoonful every two hours.
Diet, hot milk often. Local heat to right side.
Sharpes, Fla. GEO. W. HOLMES, M.D.

From Three Points of View.

EDITOR MEDICAL WORLD:—You may consider me a perpetual subscriber to your very valuable journal; and when you want money, notify me. THE MEDICAL WORLD is the most progressive and up-to-date medical periodical that comes to my desk. It is the one the regulars, the homeopaths, and the eclectics need in their business.

I am more than delighted at the prescriptions and treatment of Dr. Chapman's pneumonia test case, by both regular and homeopathic physicians. To my mind, it goes a long way toward proving the homeopathic school of medicine the more scientific, in the treatment of this one case at any rate.

It is rather late to enter the contest now, but I believe I will. After a continued practise of over forty-five years, I believe I am not too old to have my say. If I were still an allopath, I would prescribe as follows for this hypothetical case of pneumonia:

℞
Tr. aconit.....gtt. x.
Strychnin.....gr. ʒi.
Aquea dest.....q. s. ad. 3ij.

M. Sig.—A teaspoonful every hour. In addition a poultice of antiphlogistine as hot as can be borne.

If I were to treat the same case homeopathically, I would use phosphorus 30x, ten drops in four ounces of water, a teaspoonful every hour.

But as I am neither a regular nor a homeopathist, but a biochemist, I would give the patient ferri phos. (phosphate of iron) sixth trituration, five grains every two hours until nearly normal temperature, and then alternate with kali mur. (chlorid of potash) every two hours. From the start I would apply heat to the chest.

C. W. STOWE, M.D.

Salina, Kan.

Alkaloidal Treatment.

Editor MEDICAL WORLD:—I am interested in that hypothetical case of Dr. Chapman's, and while I think that the case if seen early need never have gone to the stage in which it is presented to us, still I understand that this is the stage in which we are all called upon to give treatment, it being the one selected in which to test the virtue of said treatment.

Had I seen such a case early I should have used my alkaloids in an effort to abort the disease. As it now stands, I should judge the time for crisis past, and if there is recovery it will be by lysis.

My treatment would be as follows: Aconitin gr. ʒi and veratrin gr. ʒi if temperature is above 102°, every half hour until it comes below that point. Sponge bath daily, and chest enveloped in a cotton jacket. Maintain free expectoration by the use of emetin gr. ʒi and apomorphin gr. ʒi as necessary to produce and hold effect. Stimulate the vitality of the patient by the use of glonoin gr. ʒi absorbed from the mouth, dissolving a granule on the tongue as required, and give one or two strychn. ars. gr. ʒi every one or two hours.

Move bowels daily by saline enema, and of course give light nutritious food frequently. That batter-like expectoration shows that the hepatization is breaking up, and if you can stimulate him (and keep up the process of elimination, without which he could not recover) and keep him from becoming exhausted, you will save him. Under this line of treatment I would promise nothing and expect much.

J. F. HARRINGTON, M.D.

New Albion, Iowa.

A Hydropathic Reply to the Test Case.

Editor MEDICAL WORLD:—According to your wish to hear a hydropath's opinion in Dr. Chapman's pneumonia test case, I herewith take the pleasure to submit you my plan of treatment in this most critical stage of the described case. Knowing that in the treatment of this dangerous affection the object is to diminish the frequency of the heart's action, to abstract morbid heat and to lessen the intensity and retard the activity of those morbid actions which are raging in the afflicted organs, my directions would be: First, try to get a constant supply of good fresh air in the sick room; then give the patient a cold sponge bath over chest back and abdomen, not exceeding one minute in

duration. About half an hour later, another one. Seeing the patient somewhat improved now, the wet cold bandage folded in four should be applied over his chest; a plaster of cottage cheese instead of the wet bandage is better yet. The cheese is put about half an inch thick on a cloth, and then put over the chest. This wet application must be covered with a dry cloth. This procedure should be renewed as often as they get hot or dry. Hands and feet I would keep in a warm condition. One spoonful olive oil twice a day, and one spoonful tea of foenum graecum every hour, produce a cooling effect inside. Barley water and cold fresh water furnish a most excellent drink.

FRANCIS M. B. FRIEDERICH.

St. Paul, Minn.

Test Case Treated by Light.

Editor MEDICAL WORLD:—Referring to Dr. Chapman's case (p. 381), I make the positiv assertion that had a powerful ray of light been projected upon the lungs for fifteen minutes during the first or second day of the attack, the disease would have been aborted. Not in a single instance, *but in every case* will this result follow the application of light. The bacteria pneumonia are *easily, quickly and certainly* destroyed in this manner. It is a law. Just as certainly, but not so quickly, can we destroy the bacteria tuberculosis and protozoa of neoplasm by the same force.

If you doubt the destructiv force of light, turn the rays upon the abdomen of a patient who has ascaris lumbricoides and see how quickly these great parasites are destroyed. The discovery is my own.

Dr. Chapman's patient needed no medicin. CORYDON E. ROGERS, M.D.

Seattle, Wash.

[Doctor, give particulars. Do you use sunlight or artificial light? Do you condense the rays with a lens?—Ed.]

Replies to Test Case from "Regulars."

Editor MEDICAL WORLD:—In reply to Dr. Chapman's test case, I would treat patient as follows: First, I presume it is cold weather; therefore we have a stove with fire in the room. Second, place some large vessel filled with water and keep filled and boiling constantly on the stove in room, to which can be added every few hours a teaspoonful of comp. tr. benzoin.

Give patient hypodermically $\frac{1}{16}$ gr. arsenite of strych.; repeat every half hour for four doses, and then continue $\frac{1}{16}$ gr. by mouth every two hours, or p. r. n. Also give grs. x amon. ioidid every three hours in solution alone or in combination with carbonat ammon. Give inhalations of oxygen at intervals. For pain in side rub up camphor dr. 1 and chlor. hyd. dr. 1 to which add morph. sulf. gr. 1; apply to side; if does not irritate much, cover with flannel bandage. Push stimulants, keep bowels well moved by Rochelle salts. Have flannel jumper on. Feed frequently with Valentine's meat juice, alternated with one glass skimmed milk in which white of one egg has been beaten, and trophonin one dessertspoonful. Keep room bright and cheerful. Have people few and with bright and cheerful faces, and I think possibly if he has any sort of constitution, he might pull thru; or at least have a fair chance.

After treatment, comp. syr. hypophos., one dessertspoonful every three hours in wine glass of water.

Bel Alton, Md. E. SPENCER, M.D.

A Similar Case.

Editor MEDICAL WORLD:—Dr. Chapman's test case of pneumonia in August WORLD is hypothetical. He asks for treatment. In my practise some years ago I had a case which very closely resembles it. My patient was a male about 45 years old, stout but not strong constitutionally; came from a tubercular family. His condition about the sixth or seventh day was as follows: Expectoration rusty, stuck like glue but small in quantity; lung solid, from hepatization no doubt. Respiration 45, pulse 130 per minute, and temperature 107° . Sat bolstered up in bed, and breath so short he could scarcely speak at all; he reacht out with his hands to catch something in an effort to get breath. Treatment: strychnin, ammonia carb. in big doses, whisky and milk; and I envelopt whole of body from waist to shoulders, back and chest in a mustard poultice. This was five p.m.; at ten p.m. I returned, and patient was slightly improved. I went at him with renewed energy and stimulated and nourisht and drugged him, and he recovered.

J. A. HERSHEY, M.D.

Owen Sound, Ont.

Never attempt to reduce a hernia by force.

Refers to the Code.

Editor MEDICAL WORLD:—There is no medical journal published now equal to THE MEDICAL WORLD. Every physician, of whatever school or pathy, should read it and make it his constant companion. As to the treatment of Dr. Chapman's case, it is strange to see the unanimity of the homeopaths and the wide difference in the treatment recommended by the regulars. I am a regular and have been an advocate of the code of ethics, and am yet; for I believe that regular medicine gives us the entire field of nature to explore, and give medicine in any dose that experience or science demonstrates to be efficient. The case given by Dr. Chapman, if in my hands, I would first empty or clear out the alimentary canal with mercury or sulf. magnesias. Then give the following:

Ammon. muriate.....5iv
Comp. syr. squills.....3j
Specific bryonia.....3ij
Simple syrup, ad.....3iv
M. Sig.—Teaspoonful every 2 or 4 hours.

Also:

Nitroglycerin.....gr. $\frac{1}{100}$
Strychnin sulf.....gr. $\frac{1}{30}$
Every 4 hours.

Keep up this treatment incessantly. Use but little alcoholic stimulants. After the bowels have been thoroly evacuated give plenty of liquid nutriment.

Adrian, Mo. E. E. GILMORE, M.D.

Successful in 100 Per Cent.

Editor MEDICAL WORLD:—In response to the request of Dr. S. E. Chapman, Napa, Cal., in the August issue of the WORLD, I suggest the following for the relief of his patient:

1st. Hypodermic of atropin and morphin to relieve nerve shock (indicated by fast weak pulse), to open up cutaneous capillary circulation in order to divert static blood from congested lung, to sustain heart action; to be repeated until the effect of a more permanent heart sustainer can be procured.

2nd.

Fl. ext. digitalis
Tr. aconite
Tr. veratrum viride.....āā gtt j

M. Sig.—Take every half hour until pulse is reduced to 108, respiration 32, and temperature to 102°; after which continue same every two hours until pulse and temperature under a hundred.

Give digitalis to sustain heart action. Give aconite to allay excitement of respiratory centers, and for the synergistic

action with veratrum to reduce temperature and excessiv heart action.

3rd.

Calomel
Pulverized ipecac.....āā gr. j
Bicarbonate of soda.....grs iij

M. Sig.—Give every half hour until free bilious evacuations of bowels are produced, after which continue same every two hours until free respiratory murmur all thru effected lung. Give one quarter grain dose morphin, should powders act too freely on bowels.

Give calomel as resolvent to unload congested lung. Give ipecac to relax and for the synergistic effect with calomel to relieve portal congestion.

4th.

Eggs No. 2.
Sugar q.s.
Whip thoroly.
Add brandy two ounces.
Water q. s. for large glass.

M. Sig.—Give freely.

Given for nutritiv and stimulant effect.

5th.

Olive oil two ounces.
Spirits turpentine and spirits camphor āā one ounce.

M.—Saturate fine flannel cloth, apply evenly all over affected lung, cover with cotton wool and bandage.

To secure uniform temperature of region of lungs and act as a mild revulsiv over affected lung.

The above treatment may seem rather strange to my brother homeopaths, and to our latter day bug fakirs; but nevertheless it has proven successful in my hands in a hundred per cent. of patients treated between the ages of two years and eighty-five years, during a period of over thirty years of unlimited practise at this place.

ON SLOW REAGAN, M.D.

Alexander City, Ala.

"Cold Air in Large Doses."

Editor MEDICAL WORLD:—In reply to Dr. Chapman's hypothetical case, would say that lack of air produces great dyspnea, tightness of chest, and upright position. Indications, air in large doses. I had a patient in as near the condition he describes as one case can be like another. Notwithstanding the outside temperature was below zero, he insisted on having no fire in the room, and on having all the doors and windows opened night and day. So cold was his room that it was almost impossible for his attendants to remain in it. This treatment the

patient kept up contrary to my advice for about forty-eight hours. And contrary to my expectations he improved and finally recovered. This case was a very severe one. I fully expected him to die. I am fully convinced that the abundance of cold air saved him. "*Similia similibus curantur.*" I am a "regular" male doctor.

H. M. OCHILTREE, M.D.
Haddam, Kansas.

A Man Who Recognizes the Crisis as a Factor in Pneumonia

Editor MEDICAL WORLD:—In regard to the treatment of Dr. Chapman's case, first give 5 grains of calomel and bicarbonate of soda, to be followed in fifteen minutes by 10 minims of tinc. digitalis. The latter to be repeated every hour until pulse is reduced to 85 or 90. Apply over the whole chest a light hot pack. If bowels are very costive, give an enema, as the calomel will not act for about seven hours. *Veratrum viride* may be substituted for the digitalis. After the calomel begins to act, sustain your patient. Leave the temperature to take care of itself. This treatment will check hepatization and will keep patient stationary for 24 to 48 hours, when a crisis takes place. As the patient has by this time safely crossed the bridge the treatment can be changed.

W. STUART LEECH, M.D.

Foley, Minn.

[Here is a man who takes into account the coming crisis. He has evidently studied the natural history of pneumonia, and treats and manages his patient accordingly. When the crisis is safely past he will not attribute the rapid improvement to the miraculous action of some remedy, but he will know that this improvement is natural after the crisis; and that, the crisis being safely past, the temperature would fall and resolution begin, without any medicine whatever. If the editor had pneumonia, he would like to be under the care of just such a man as this. The duty of THE MEDICAL WORLD is to mirror the medical profession as it is. It would like to make every one of its readers a student of the natural history of disease and the physiological action of remedies. Every such student will know that the pressing need in this case of pneumonia is to get the patient safely thru the crisis. Nature may be able to do it, but the doctor's duty is to know nature's way and to aid nature.—ED]

Another Crisis Man—They are so Few.—An Illustrative Case.

Editor MEDICAL WORLD:—In regard to Dr. Chapman's case, the best authority that I can find on pneumonia, and my experience, prove to me that it is a self limited disease; that it will reach a crisis about the seventh day. This case, then, has reached the crisis. In ten or twelve hours the temperature will fall to normal, and resolution begin. I know of no drug that would exercise any specific action at this time, but it is well to sustain the heart and husband the vital forces. I would use digitalis and strychnin in proper (regular) doses, awaiting the result of the crisis. Dr. Osler reports a case that came under his care at the Philadelphia Hospital, that was quite similar to the hypothetical case under consideration. This man was brought to the hospital the seventh day after chill, with active delirium, a temperature of 105°, and pulse above 120. The following morning the crisis occurred. Temperature dropt to 98°, and he entered upon a rapid convalescence. This patient had not been given a drop of medicine from the beginning of the attack until after the crisis had past, and the greater part of the right lung was involved. Now when Dr. Chapman says, "here is a man who must have help immediately or he will die," if he means drug medication I think he is mistaken. Very little medicine is needed in this case at present, and perhaps that given by the homeopathic brethren will be just the thing.

A. A. BRADFORD, M.D.

Bremen, O.

Recognizes the Crisis as the Great Factor.

Editor MEDICAL WORLD:—There is no known medication that will have the slightest effect on Dr. Chapman's test case of pneumonia. It will run its course uninfluenced in anyway by drugs. It is a desperate case as shown by the symptoms. The condition of the sputum is important, and why it "falls to pieces like batter on paper" is explained by its being thin or liquid, all of which indicates approaching dissolution.

The crisis is near, and the thing to do is to support the patient till it passes. Give little medicine, and let each dose have a well defined purpose. Lower the temperature by sponging with cold water and alcohol. Keep the extremities warm. Give hypodermic injection of sulf. strychn.

gr. $\frac{1}{2}$ every hour for a few doses, then less often as required. Give whisky freely, with a little milk. Should the patient survive the crisis, other remedies can be utilized as indicated.

Hartland, Maine. C. A. MOULTON, M.D.

Would Apply Cold.—Recognizes Crisis.

Editor MEDICAL WORLD:—Permit me to submit the following for Dr. S. E. Chapman's case of pneumonia.

First I would give him hypodermically sufficient codein, in repeated doses if necessary, to control the chest pain; then strychnin sulf. $\frac{1}{2}$ gr. and glonoin $\frac{1}{10}$ gr. to act as stimulants. I find that glonoin acts rapidly in just such cases; both it and the strychnia, as we all know, stimulate respiration. Along with them I would use cold cloths applied to the bare chest, beginning with tepid water, and as soon as the cloth is hot, remove and apply one some cooler until an ice cold cloth is put on, keeping them cold until the temperature is reasonably lower, say 103° , and respiration easy. Repeat when necessary. I think counterirritation with strong mustard at intervals an aid to resolution, notwithstanding some think it never acts beyond the cuticle. The strychnin I would continue to give at regular intervals, say $\frac{1}{2}$ gr. every 2 hours, and $\frac{1}{2}$ gr. if necessary, until I get the physiological effect. The glonoin would come in again in case of threatened collapse. I would nourish patient as well as practicable, and if possible I would stay with patient and apply treatment until a change. If stomach would bear it now, I would give 10 gr. doses of chlorid of ammonia every 3 hours in plenty of good whisky to sustain patient. This case is evidently almost to the crisis, and will die or get better very soon.

This is my first attempt at writing to a journal in reply to a query, having only been in active practise eight years. I feel that there are others more competent, therefore I refrain from taking up space that could be occupied by a more experienced man; but the test as given in September issue has so interested me that I find myself trying to detail my method of treating pneumonia, which I believe is reasonably successful.

Barry, Tex. STERLING PRICE, M.D.

[This is a very good beginning. May others follow your example. Come again.—Ed.]

Strychnin and the Cold Pack.

Editor MEDICAL WORLD:—In commenting on Dr. C.'s case of pneumonia in September WORLD, will say that I am well pleased with the concise, direct and uniform treatment of the homeopaths, and am very much surprised at the "round the bush" method of my regular brothers. There was a direct question asked, viz., what would you do at this particular time and stage of the disease? and very nearly all the answers go into detailed treatment of pneumonia instead of answering the question direct. There is no doubt but that this case is at the critical stage, or rather crisis, and the scales of life and death are, if anything, a little overbalanced on the side of death. This poor fellow is lying there with a thready pulse, "batter sputum," labored breathing, etc. Are we going to stand there and order poultices, expectorants and what not, while the poor fellow is fighting for life and has that pleading, confident and expectant look in his eyes? I say no!

I will give him strychn., the sulf. preferably, or any other preparation of it that I happen to have with me, and give it freely, say $\frac{1}{2}$ gr. every half hour until effect, and it will not take long to get the effect. I will also put him in the cold pack until I reduce his temperature, not forgetting plenty of fresh air. I will not mention my after treatment, as this is not a discussion on the treatment of pneumonia, but rather a request for a prescription for immediate use only.

I will not make the assertion that this will positively tide him over the crisis, as some of our brothers assert their prescriptions will do, because we are dealing with a desperate case with one foot already in the grave; and at best physicians must never get the idea into their heads that they hold the reins of fate in their hands and can manipulate them to suit their pleasure. There is nothing of this meant for publication except the paragraph dealing with the prescription.

Ste. Marie, Illinois. W. A. WENZ.

[Your letter is all very direct and vigorous, and deserves publication in full.—Ed.]

Don't you think that our people ought to know how to treat pneumonia this winter? Possibly some may say that in the confusion wrought by this unparalleled discussion, they know less than they did before; but you must learn to receive views from every source, yet be able to recognize and cling to safe moorings. Other interesting articles are in hand for next issue.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Who Can Cure This Girl's Catarrh?

Editor MEDICAL WORLD:—I am a doctor's daughter, and would like to know if there is one among all the readers of THE WORLD that can cure me of catarrh. My father says that he cannot. I have it in that form that if I do not keep my head and throat cleansed, my breath is bad. Am much afraid it is going to my lungs, as there have been sore spots in them all summer. Am much worried, and as a last resort consult the readers of THE WORLD of which my father is a subscriber. My father has a globe nebulizer in his office. The editor will have my address.

Washington. A DOCTOR'S DAUGHTER.

[We will leave this case open for discussion. Any who wish to send a private communication to the Daughter may do so thru this office; but we prefer that the discussion be open in the pages of THE WORLD.—Ed.]

Enlarging the Bust.

Editor MEDICAL WORLD:—Sometime last winter a lady patient askt me if there was anything she could do to enlarge her bust. I advised her to use ozonized saw palmetto as directed by Dr. E. E. Gilmore in MEDICAL WORLD for June, 1900, page 209. She did so for one month, then the breasts began to itch and soon became swollen, and the whole chest was covered with an eruption which spread to neck and face; one eye was entirely closed. She did not take the saw palmetto, but rubbed it in night and morning. I put her on echinacea tincture, ten drops in water, three times a day, and for the fiery itching ordered her to bathe with tincture echinacea diluted, four drams to eight ounces of water. Under this treatment for one month or more, she recovered from the effects. Thus ended her bust development.

About one month ago the whole trouble repeated itself; breasts, neck and face swelling as before. This time both eyes

were closed for twenty-four hours, and it is not entirely well yet.

She was poisoned by some vegetable poison about twelve years ago, but recovered nicely, and has enjoyed excellent health ever since. Can the Editor or any one of the WORLD family throw light on the case?

J. H. THOMAS, M.D.

Wyoming, Del.

[It is plain that your patient is susceptible to cutaneous irritation from drugs or external agencies. Some people are so easily poisoned that the mere proximity of so simple a vegetable as a potato vine in bloom will cause edema and eruption. We hardly think it possible that the saw palmetto caused the trouble, but believe some other agent has been responsible. She will probably always be unduly susceptible to vegetable poisoning, and you cannot give any drug or method that will alter this susceptibility. When you next attempt enlarging a bust, try cold bathing of the breasts for ten minutes, twice daily, followed by vigorous friction with a coarse towel, and immediately afterwards with inunction of lanolin or cod liver oil. The bathing and massage must be firm and gentle, lest the gland be bruised. This treatment, if persisted in, will increase the size of the bust. We also gain benefit from breathing exercises. While this does not increase the size of the glands, it does increase the dimensions of the chest in such a manner as to give a fuller bust. Have the patient breathe as deeply as possible three times immediately on arising in the morning and the last thing before retiring at night. The shoulders are thrown well back and the chest well forward, and every possible inch of air is inhaled and then slowly exhaled. One month of such treatment will increase the dimension of the chest at least an inch in the average patient.—Ed.]

Mosquitos and Malaria.

Editor MEDICAL WORLD:—I see in the August number of the Medical Council an article publisht from a pamphlet by the Liverpool School of Tropical Diseases. As the discussion of malarial diseases, their etiology, their prophylaxis and therapeutics are subjects which interest me very much, I wish to ask a few questions:

In the discussion of the article I allude to, "How we get Malarial Fever," the writer says: "If now we allow mosquitos

of the kind called *Anopheles* to bite persons infected with the malaria parasite, and if we then dissect these mosquitos, we shall easily be able to find the parasites growing also in the mosquitos."

Question: Now, why not find the parasites in the other mosquitos? Does this mosquito have first to find some one infected with the germs before it can operate as the distributor? If so, we have still to search for the source which furnishes the original supply. I suppose if those mosquitos are kept away from persons infected with malaria, they are no more to be feared than any other mosquitos? I have long thought that the bites of insects of different kinds were the causes of numbers of complaints and skin eruptions.

England, Ark. W. M. ALTER, M.D.

[If the *Anophele* was uninfected, his bite would be no worse than the bite of the other varieties. Why this mosquito carries infection and other varieties do not, has yet to be learned. The insect itself is not the promulgator of the disease further than that he is a carrier and distributor of the germs with which he himself has been infected. The house fly does not ordinarily distribute typhoid fever, but if he has fed on and walked over the excreta of a typhoid patient, and then has the same opportunity with food to be ingested by a healthy person, the chances of infection are very great. It is all a matter of 2 and 2 making 4, but we cannot always find the second 2. We venture the prophecy that within five years malaria will be under as complete control as small pox now is. The recent discoveries have shed more light on the matter than has ever been vouchsafed us before, and the best men in the world are hard at work attempting to clear up the final details. Just as soon as further definite information is forthcoming, you will find it in *THE WORLD*. We do not believe that the bites of insects are responsible for skin diseases further than the temporary results of infection from the bite. Admitting that it is possible for insects to carry infection from one human being to another, we must remember that the excursions of such insects are limited in extent, and that infected individuals from whom they must draw their supplies of germs or virus are comparatively rare. In the virulent malarial districts nearly every one has a taint of malaria, and the mosquitos have abundant opportunity; but

in no section of the country are any skin diseases found in such universal distribution. We think you are on the wrong track, Doctor, but you may only be a century ahead of your time. Keep thinking and studying, and write us again at later date.—ED.]

Dandruff and Falling Hair.

Editor *MEDICAL WORLD*:—Will you kindly give in the next issue of your excellent journal the best treatment for the radical cure of piles? also a good preparation to prevent young peoples' hair from falling out, and to keep the scalp free from dandruff?

R. A. DAKIN, M.D.

Pugwash, Nova Scotia.

[We have in preparation an article on the cure of hemorrhoids, and will publish it as soon as possible. The scalp of both male and female is kept in the best hygienic condition by thorough bathing only when required for purposes of cleanliness, and massage. Too frequent bathing removes the oil from the hair, and too frequent brushing or massage is prone to irritate the scalp. While the amount of fat thrown out by the hair and scalp varies greatly, one is safe in estimating that the hair and scalp of one not exposed to continuous dust, need only be washed once in two weeks. The toilet of the head includes thorough washing of scalp and hair with warm water and bland soap, followed by vigorous friction of the scalp with the finger tips or a small, soft brush, and the gentle drying of the hair by protracted brushing. Massage the scalp, not the hair. After the hair and scalp are thoroughly cleansed and dried, one may apply some bland or stimulating preparation which does not contain lead in any form. When the hair comes out, and the scalp seems in fair condition, the best results are obtained by rubbing an aqueous solution of table salt well into the scalp once or twice a day. We use from $\frac{1}{4}$ to a dram to the quart. The hair is separated carefully, and the moistened finger-tips rub the solution well into the scalp, stopping just short of actual irritation; thus the entire scalp is treated, and the less of the solution allowed to dampen the hair, the better. A nice method of cleansing the hair and scalp is to take the whites of several eggs and thoroughly shampoo the head, and then rinse with warm, soft water.

The following preparations will eradicate dandruff if the scalp receive proper

attention. You will note that we do not say "cure." Dandruff is but the accumulated sebaceous secretion which should have been removed by cleansing. Many physicians call any scaly condition of the scalp "dandruff." This is wrong. Most so called cases of dandruff are eczematous, and require the treatment indicated for that disease.

℞
 Resorcin.....2 drams
 Tincture cantharides.....4 fluid drams
 Glycerin
 Spirit lavender compound, of
 each.....4 fluid drams
 Castor oil.....1 fluid dram
 Diluted alcohol
 Bay rum, of each enuf to make 1 pint.
 Mix and direct: Rub well into the scalp twice daily.

When the hair becomes too oily wash it as directed. After the dandruff is thoroly eradicated, use the lotion twice a week, and apply the following ointment, avoiding greasing the hair as far as possible.

℞
 Lanolin,
 Vaseline, of each.....4 drams
 Chrysarobin.....1½ grains
 Resorcin.....10 grains
 Mix and direct: Use every alternate day.

This will eradicate dandruff in every case not complicated by other actual disease. When other skin disease complicates the case, the diagnosis must be made, and proper treatment instituted. We are always glad to hear from you aliens without our boundaries, and somehow, a good many of you remember us. How do you treat pneumonia up there? Do you have any "hay fever"? Tell us next summer. Give us a good original article that will please your Canadian friends and gladden our hearts.—Ed.]

Editor MEDICAL WORLD:—A young lady of about 24 years, German parentage, school teacher by occupation and to all appearance enjoying good health, weight about 140 pounds, light complexioned; appetite good; bowels regular; well nourished and not anemic. Began menstruating at about 14 years of age, but has never been regular. Will go from 6 to 8 and 10 weeks without menstruating, and then not painful or in excess, as we would expect.

Nebr. W. A. L., M.D.

[Dilate the os thoroly with mechanical dilators during the intermenstrual interval, and keep it open by frequently changed aseptic tents or silver wire dilators. Remove either when the first symptom of the molimen appears. Put her on

peptonated solution of iron and manganese, and if this fails, use fluid extract of cotton root bark. Arsenic, iron or strychnin often act well in such cases. Regularity in quantity, time and quality of the menstrual flow is essential to perfect health, and you should help this girl. Write us later.—Ed.]

Editor MEDICAL WORLD:—Married lady about 28 years old and married six years, no children and no miscarriages. Housewife by occupation. Very small; weight, in health, 116 pounds; now about 95 pounds. Has always menstruated, quite regularly, tho sometimes painful and sometimes in excess. Has used a great deal of patent medicins in the last ten years, and in the last two years a great deal of wine of coca. Came to me in April; appetite poor, digestion very bad, bowels constipated, falling of womb, endometritis and ulcerations of os uteri. Considerable sharp pain in pelvic region. Have tried the usual line of treatment in these cases, but patient gets no better and seems to be getting more nervous and more emaciated in spite of all tonics and supportiv treatment.

W. A. L., M.D.

Nebraska.

[We would curet the uterus and treat the endometritis by the customary measures. We would keep up tonic treatment in which strychnin and quinin would be the main features. We would not use any form of alcohol unless specially indicated. The dilation of the os necessary for curetment will probably aid in itself in relieving the pain at menstrual periods. Protracted douching with three or four gallons of hot water before retiring will lessen the pelvic congestion. Treat her indigestion as you would any other case of nervous dyspepsia; but we would suggest the addition of generous dosage with bromid of strontium in addition to the usual antifermentivs and digestants. If you can alleviate the endometritis sufficiently to get her pregnant, the chances are greatly in favor of a permanent cure.—Ed.]

Editor MEDICAL WORLD:—Mr. —, age 37, single since 1892; saloon keeper. At present a very moderate drinker; has not drank to excess since 1893. Has not indulged in sexual excess since 1893. Constipated habit. Has feeble erections and premature ejaculations; also loss of semen when bowels move. I have treated him

with bromids, ergot, iron, quinin and strychnin, electricity and cold applications. Got some relief while using the bromids and ergot. It requires about double the usual amount of any drug to produce the desired effect. I would like the opinion and treatment of the "brethren," also the Editor's. A. C. T.

[Your treatment was orthodox and all right. We would continue the bromids in the form of the strontium salt. We would also advise giving fluid extract of muirapama in 30 drop doses before meals combined with strychnin phosphate in $\frac{1}{4}$ grain doses. He must be strictly continent for a time. The nocturnal pollutions are natural if not in excess of say 1 or 2 each week, and he must be convinced of this fact in order to relieve his mind. He must think as little as possible of himself and of his affliction, since his trouble is evidently nervous in origin. You say "he loses semen when the bowels move." Are you certain of this? The glairy secretion so often observed passing from the meatus is very rarely semen; it is the secretion from the prostate gland, and is no more debilitating on the patient than so much secretion blown from the nose. You cannot accept his statement on this point, but should secure some of this secretion on a plain glass slide and examine it under the microscope as soon as possible. If you have no microscope, obtain a slide and give it to the patient with instructions to smear some of the secretion on it at the first opportunity, and to bring it immediately to you. You may then send it to some physician friend who has a microscope for examination, or to some of the numerous houses who make a business of doing such work. If microscopical examination does not reveal the presence of spermatozoa, take your books and show him that the discharge is not and cannot possibly be semen. Continue cold applications and institute the hygienic and therapeutic measures we advocate, and if your patient is faithful we believe you will have a perfect cure in a few weeks.--Ed]

A catheter should never be forced into the bladder. All catheters should be kept perfectly clean. After each using they should be dipped in carbolic oil, washed in warm water, and, if gum elastic, be put away in zinc powder, powdered soapstone, or starch. All soft-rubber articles are rendered hard and brittle by contact with oil or grease. Catheters used in puerperal cases should be rendered thoroughly aseptic.

Current Medical Thought.

The following circular letter has been received from Dr. Fenton B. Turck, of Chicago, the eminent specialist on diseases of the stomach. The Editor decides to exhibit the letter to WORLD readers, together with the questions and his answers.

C. F. TAYLOR, M.D., Philadelphia, Pa.

Dear Doctor:—I would like to obtain your opinion of the importance of teaching medical students three subjects now neglected in medical education, viz., (1) Hydrotherapy, (2) Medical Gymnastics and Massage, (3) Dietetics.

The practical demonstration method of teaching these branches would not seem to burden the student, especially medical gymnastics, which would rather be a physical benefit and a mental rest.

Hydrotherapy and other physical methods of treatment seem now to be almost a necessity in the armamenture of modern therapeutics. This branch and Dietetics are left to the nurse or to the caprice of the patient. A thorough and practical knowledge should belong to every physician. The practical and scientific knowledge of these three branches would put a check upon quackery and ignorance.

Kindly answer inclosed questions and oblige,
Yours very truly,

FENTON B. TURCK, M.D.,

362 Dearborn avenue, Chicago, Ill.

1. Are you in favor of including the subject Hydrotherapy in the curriculum of medical schools?

Ans. Yes.

2. If so, are you in favor of teaching by practical demonstrations in the hospital and dispensary, or by the didactic method?

Ans. Both.

3. Are you in favor of teaching medical students practical medical gymnastics and massage?

Ans. Yes.

4. Do you consider the study of practical dietetics a necessary part of the student's education? The character and preparation of food, cooking, etc.? The physiology, pathology and therapeutics of dietetics?

Ans. Yes.

What would you suggest the most practical method of teaching this branch: practical demonstration or otherwise?

Ans. Theory, illustrated by practical demonstrations.

Philadelphia, Pa.

C. F. TAYLOR.

Collective Investigation of the Influence of the Silver Nitrate Injections on Phthisis.

To the Members of the Medical Profession:—In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia, and there is reason for believing that this procedure, which resulted in gathering four hundred cases of this disease thus

treated, with a death rate not quite five per cent., was an important factor in calling attention to the utility of that treatment, and in introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has past the exacting crucible of clinical experience.

It is now proposed to apply the same ordeal to the silver-injection treatment of phthisis, which, in a large hospital, dispensary and private practise, reaching over a period of three years, and during which many thousand injections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above exprest feeling, a cordial invitation is herewith extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis, and to whom a reprint on the subject with full information and blanks to report cases will be cheerfully sent on application.

THOMAS J. MAYS, M.D.

1829 Spruce Street, Philadelphia, Pa.

An Encouraging Event.

The Medical Society at Jacksonville, Ill., has taken an important step in admitting a homeopathic graduate to membership. It is no new thing for societies in large cities to have homeopathic and eclectic graduates become members—the only requisit being that the practitioner shall not use the word “homeopathic” or “eclectic” upon his cards, signs or otherwise to designate himself as a follower of some certain “school”—but it requires a good deal of moral courage to do such a thing in a small city like Jacksonville. But the movement is right; simply because a man has happened to graduate at a homeopathic or eclectic school he should not be barred from membership in a “regular” medical society if he is a gentleman and does not use his distinctiv title to trade upon. Every “regular” college in the country now accepts students of reputable homeopathic and eclectic colleges, giving full credit for previous attendance, and there is no reason why medical societies should not do as well by the graduates. The only requirement should be that the applicant for membership sign the Code of Ethics of the American Medical Association. Under such condition any doctor who discards the exclusiv title of homeopathic or eclectic and proclaims himself simply as a physician would be accepted as a delegate to the American Medical Association without question.—*American Journal of Surgery and Gynecology.*

New Books.

Schoolboys' Special Immorality. By Maurice C. Hime, M.A., LL.D. Third Edition, revised and enlarged. Published in London, by J. and A. Churchill, 7 Great Marlborough street; The White Cross League, 7 Dean's Yard, Westminster Abbey, and all booksellers. 1901. Price, 1 shilling, net. Sold by P. Blakiston's Son & Co., Philadelphia, Penn'a., U. S. A. Price, 35 cents.

This little book of Dr. Hime's contains 115 pages of interesting reading for every father, schoolmaster and physician. If the ideas seem at times far-fetched, we remember the eruditeness and extended experience of the author, and suspect that we ourselves have formed wrong impressions. It is well worth the price to any parent or teacher.—A. L. R.

The General Practitioner as a Specialist. Second edition, revised, enlarged and illustrated. By J. D. Albright, M.D., Pottsville, Pa. The book is an octavo volume, bound in cloth and lettered in gold, and contains 300 pages. Published by the author. Price, \$3.50 net.

A treatise devoted to the consideration of medical specialties. The rapid sale of the first edition of this work, by which the entire edition was exhausted in about a year, has made the second necessary, and the author has taken advantage of the opportunity and has added much new matter. The design, scope and character of the work are best set forth by a glance at its contents, as given in an advertisement in this issue. We have examined a copy, and find it to be as represented; it will undoubtedly please such to whom a work of this kind appeals.

The Hospitals of Japan. By Edward C. Register, M.D. President of the Board of Medical Examiners, State of North Carolina; Ex-President of the Charlotte Medical Society. Reprint from the Charlotte Medical Journal.

This is a twelve-page pamphlet of entertaining notes taken by the author while in Nagasaki, Japan. It is well worth perusal, and will be sent by the author to anyone who forwards stamp for postage.—A. L. R.

The American Illustrated Medical Dictionary. For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry and the kindred branches, including much collateral information of an encyclopedic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc., etc. By W. A. Newman Dorland, A.M., M.D., editor of the American Pocket Medical Dictionary. Second Edition, Revised. Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. Saunders & Company, 1901. Price, \$4.50 net.

A large first edition of the work was issued in October, 1900. From the day of its publication the book met with a remarkably large sale, and the edition was exhausted in eight months. The object of the author has been to furnish in a volume of convenient size an up-to-date dictionary, sufficiently full for the requirements of all classes of medical men. In this edition the book has been carefully revised. The author has also added upward of 100 important new terms that have appeared in medical literature during the past few months. Among them appear “Anopheles,” “Cryoscopy,” “Johimbin,”

"Hemolysin," "Hedonal," "Sacrectomy," etc., words that have recently come prominently before the profession. There are over one hundred new tables. We reiterate our former approval of the book. It is the best dictionary for the student and general practitioner who cannot afford or does not care to handle the ponderous cyclopedic works.—A. L. R.

The Hygiene of Transmissible Diseases: their Causation, Modes of Dissemination and Methods of Prevention. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology, University of Pennsylvania. Third edition, revised and enlarged. Octavo, 351 pages, with numerous illustrations. Philadelphia and London: W. B. Saunders and Company. Cloth, \$2.50 net.

During the interval that has elapsed since the appearance of the first edition, investigations upon the modes of dissemination of certain of the specific infections have been conspicuously active, and thru them much new light has been shed and many novel suggestions have been made; especially is this the case with regard to the roles of insects and rodents as disseminating factors. Wherever practicable, these views have been embodied and discussed. The sections especially on Malaria, Yellow Fever, Plague, Filariasis, Dysentery, and Tuberculosis, have been both revised and enlarged. The hearty commendation we gave the book in our former review is reiterated. We know of no better along its line. Doctors pay too little attention to such measures, but they are important, and valuable information is accumulating rapidly. The book is up to date.—A. L. R.

Clinical Pathology of the Blood. A Treatise on the General Principles and Special Applications of Hematology. By James Ewing, M.D., Professor of Pathology in Cornell University Medical College, New York City. In one handsome octavo volume of 432 pages, with 28 engravings and 14 full page plates in colors. Cloth, \$3.50 net. Just ready. Lea Brothers & Co., Philadelphia and New York, 1901.

The practitioner with a ten-year-old diploma knows nothing of the blood except what he has gleaned from periodical medical literature, and yet the blood is one of the most important organs. There are other works on hematology, but there is no better than this. The author has culled the articles in foreign languages freely, and has incorporated the gist of them with the latest information in English. Theoretical discussions, bibliography, abstracts, and records are crowded in fine print so that space may not be wasted. The work will be valued by the medical literateur, since the bibliography is complete, and references and articles unsigned or untraceable are ignored. It has both a practical working, and a literary value. The plates are artistic and true. The cuts are plain, without elaboration, but clear.—A. L. R.

Our Monthly Talk.

There is only one subject to talk about this month. We stand aghast at an assassin's crime, and with bowed heads before an open grave. The loss is the loss of all—of all collectively, and of each one individually. The Nation

has lost a noble man and a useful and patriotic citizen. As sad as that is, it is not our present special grief, for we have left many other noble men and useful and patriotic citizens. But a foul blow has been dealt against our Government. That is what makes our grief universal. Our Government is our most precious possession, for without it we could not have the blessings of civilization which we now enjoy—we could not have our schools for education; we could not have our courts for justice; we could not have our churches for worship. Property is impossible without security. Neither life nor property can be secure (except on a lonely island) without government. So the man who strikes at government strikes at all of us—strikes at the existence of our institutions, our freedom and our lives. What crime can be greater? Murder takes only one life away, and the rest of us, our institutions, etc., go along just the same as before. But a stroke at our government is a stroke at all, and all that we hold dear. The enormity of this crime is beyond comparison with any or all other crimes.

Inadequacy of Law Against this Crime.

We are sharply reminded of the inadequacy of our legislation against this crime. Other assassinations of presidents (Lincoln and Garfield) were committed in the District of Columbia, so these offenses came under National laws, and the offenders were tried in Federal courts. We are now rudely awakened to the fact that if a president is attacked in any state, there is no law to punish the offender except the law of that state. For example, if a president should be murdered in Maine, Rhode Island, Michigan, Wisconsin or Colorado, which states have abolished capital punishment, the only punishment of the murderer would be imprisonment. Had President McKinley not died, the extreme punishment of Czolgosz would have been imprisonment for ten years, which, with the usual reductions for good behavior, etc., could have been reduced to a little over six years, after which time this cold-blooded monster could have been set free again, possibly endangering another president's life. I have often said that we should spell Nation with a capital N—that certain functions heretofore local should become National—that we should grow in the direction of knitting our various parts together into a firmer National unity (however, without violence to the largest local liberty in local matters). Our flag should mean more definite things wherever it waves; and these things should grow in scope and definiteness with each generation. There should certainly be a National law against murderous attacks upon our presidents. This problem has been puzzling our constitutional lawyers. They say it can hardly be put under the head of high treason, for the Constitution defines that to be "conspiring against" or "levying war upon" the United States, or "adhering to its enemies." It is said that a single individual cannot "conspire" nor "levy war." But it seems to me that Czolgosz has "levied war" against the United States Government to the extent of his ability,

and he has succeeded most terribly in his treasonous design. That is "levying war" most effectually for a single individual, and the crime, whether successful in killing the head of our Government or not, should be punished as an act of treason. However, without calling it treason, the way seems clear to make an attempt to take the life of the President because he is the President, and for the purpose of injuring the Government of the United States, a distinct offence punishable by death wherever committed. Senator Mallory, of Florida, very aptly says:

"An assault, or an attempted assault, upon the President should be made a distinct offense, and should be punishable by death. The high and honored office which he holds as the President of our whole people should have this protection. The consequences of an assault upon the President are so great, the effect upon the country so tremendous and disturbing and the general result so terrible, that the crime is one of the greatest magnitude, and the punishment should be fitting and speedy."

In this connection the following news item is of interest:

Washington, Sept. 13.—Messrs. Botkin and Bynum, members of the commission to revise and codify the criminal and penal laws of the United States, since the attack on the life of the President have been investigating the authorities, with a view to the preparation of a law making an assault upon the President, with intent to murder, cognizable in the courts of the United States and punishable by death. They have prepared a draft of a bill, to be submitted to Congress, making assault upon the President a felony and punishable by death, when the assault is for the purpose of obstructing the operations of government. It is believed that this qualification will have the effect of giving the Federal courts jurisdiction in such cases.

The following, clipt from the Philadelphia Ledger, shows another way:

General Benjamin F. Tracy, formerly Secretary of the Navy, and considered one of the ablest lawyers in New York, has no doubt whatever that Congress has power to provide the penalty for such crimes as that of Czolgosz, and this without any change in the Constitution. The crime, however, cannot be treated as treason, for treason in this country is clearly defined and limited by the Constitution itself to armed resistance to the power of the Government, or giving aid and comfort to its enemies. But the same result can be reached in another way. "In the Nagle case," says General Tracy, "when Terry was killed by a Deputy Marshal for an attack on Justice Field, the Supreme Court determined, for the first time in the history of this country, that there is such a thing as a breach of the peace of the United States as distinguished from a breach of the peace of the Commonwealth or State. When one man commits an assault upon another, the State takes no cognizance of the injury to the individual, but resents and punishes the injury done to it—in other words, the breach of its peace. Similarly, when an attack is made on a Federal officer while in the discharge of his duty, an injury is done to the United States, and the Federal Government undoubtedly has power to prescribe a suitable penalty for a breach of its peace. This follows from the Supreme Court decision I have referred to. It would be strange, indeed, if the Government had no power to protect its officers in the discharge of their duty. That it has not done so up to this time, has no bearing on the matter. I think we have reached a point now where action is necessary. Concerning what penalty should be fixed by Congress for attacks made on the officers of the Government there may be much difference of opinion. My own idea is that an assault made on the President or Vice-President should be punished with death, while a similar attack made on other officers of the Government should be a felony, punishable by imprisonment for a long term."

After one of our citizens has been made President, his safety is a matter of deep concern to all, regardless of previous or present party affiliation. He is the man that the majority of our citizens elected; and he who attacks the

man chosen attacks our liberty of choice. This is certainly a National offence, and it should be covered by a National law.

Inciting to Such Crimes.

Freedom of speech has been our boast in this country. But even the most liberal can now plainly see that speech can be too free for safety. For example, here is a quotation from Herr Most's Freiheit (his anarchist paper) for September 7:

"The greatest of all follies in the world is the belief that there can be a crime of any sort against despots and their accomplices. Such a belief is in itself a crime. Despots are outlaws; they are in human shape what the tiger is among beasts—to spare them is a crime.

"As despots make use of everything, treachery, poison, murder, etc., so everything should be employed against them."

For this he was very properly arrested, and I think he is still in jail. He claims that these are merely sentiments that have been printed in various forms thousands of times in the last fifty years. If so, our officers and our citizens have been too indifferent to the mischief that has been going on, until now we see the dreadful fruit of the seed thus sown. In this connection, the following resolution recently past by the Municipal League, of Philadelphia, is of interest:

Realizing that we have scattered throughout our land a considerable number of persons morally incapable of judging between right and wrong, and who can easily be influenced to commit any crime, and who are therefore a perpetual menace to society, it is

Resolved, That urgent appeals be made to the National and State legislatures to suppress, by necessary legislation, the advocacy, by speech or in print, of assassination or other crimes, and that any attempt to take the life of a President or Vice-President of the United States shall subject the guilty person or persons to the same penalty that would be inflicted if the attempt had been successful.

However, this is the first assassination of a president in this country by an anarchist. President Lincoln was killed by Booth, an actor and an enemy to the then existing Government, but not an anarchist; and President Garfield was shot by Guiteau, a disappointed office seeker, and not well balanced in mind. He "removed" the President for political reasons that seemed to him sufficient—to put the "stalwarts" in power, which he thought would be to his political advantage—a thought only possible to an unbalanced mind like his.

Anarchistic assassinations of heads of governments, and attempts at assassination, in Europe have been frequent. The comparatively recent successful ones are the King of Italy, July 30, 1900; Empress of Austria, September 10, 1898; Canovas, the Spanish Premier, August 8, 1897; and President Carnot, of France, June 24, 1894. This list, with President McKinley added, makes a dreadful indictment of the anarchists. They want no law, no government, no rulers. Then let them go to a new country and try to settle it up without law and without government. We who want government have a right to have it; and we should be careful how we tolerate those who advocate violence against government. We have now tasted the bitter fruit. What shall we do with the vine?

In monarchies the head of the government is removable only by death. In this country there is no excuse for killing, for there are other ways of removing a President. Impeachment has never yet succeeded, but the ballot succeeds in selecting a President every four years. Sometimes an incumbent is thus removed, and sometimes he is not. This is the way to do it in this country, and we don't want anybody here who is not willing to do it in this peaceful way.

The President's Life Sacred.

We doctors are accustomed to considering all human life sacred; but the President's life is specially sacred, because he is the head of our Government, and our Government is sacred—it is so important to us. However, it is our privilege, and upon occasion our duty, to criticize the public acts of our President and his appointees, for he and they are our servants. We are the Government, they are the temporary instruments of government. It is by constant, intelligent and well meant censorship that we make our Government better.

Our Third Martyred President.

While, naturally, many of our people conscientiously disagreed with President McKinley in some of his policies, and rightfully spoke freely in criticism thereof, few, remarkably few, had anything bitter, or even disagreeable, to say about the President himself. Personally, he sought to be the friend of all with whom he came in contact, and to make a friend of every one with whom he came in contact, and he succeeded in a remarkable degree. Politically, within his party, he unified and harmonized rather than led; and in unifying and harmonizing he was remarkably successful. To this faculty was largely due his political strength and success. In his relations with the general public he was amiable and always tactful. His public speeches were felicitous, eloquent and elegant. In his last public speech, delivered at Buffalo a day or two before he was shot, may be seen the traits and character of William McKinley. The preamble to that speech is a model of elegant modesty; and the entire speech a model of felicitous, elegant oratory. But in it is shown his tendency to be controlled by those who were politically behind him; for in it he adroitly favors the ship subsidy measure, which, as is well known, is Senator Hanna's pet measure, and which is vigorously opposed by a very large and influential part of his own party. However, whatever he did, by consummate tact he seemed to be able to do it in a way to add to his general popularity, or to his political strength with those who managed his party, and frequently both. Personally he was always courteous, kind and thoughtful; hence the devotion of those near to him.

He was a great politician in the best sense of the term. And here I am reminded of a story. In the days when a senator could take a friend on the floor of the Senate, a friend of both Senators Webster and Buchanan visited Washington. He first called on Webster, who took him to his desk. One by one he quietly pointed

out the celebrities to his visitor, occasionally making comments. "That man over there is Buchanan, of Pennsylvania; a great politician, but no statesman." When the visitor called on Buchanan, the same process was gone thru, the senator not knowing that his visitor had previously called on Webster. When Buchanan pointed out Webster he said: "That is Webster, of Massachusetts; a great statesman, but no politician." The "great politician" became president, while the "great statesman" tried in vain to do. However, there is no comparison between the administration of Buchanan and that of McKinley. It seems that Buchanan's power, even as a politician, left him when he became president. Not so of McKinley—distinctly not so.

It is a grand thing to be a great politician of the McKinley sort, for he was not of the "boss" kind. He knew how to divine the sentiment of the people, and to felicitously express and represent that sentiment. This is a rare faculty. Many have sought to attain it, but have failed. It is a faculty rather than an accomplishment. Few men have ever attained the political success that William McKinley did, and it is doubtful if any have ever done so and made as few enemies; and, what is even more remarkable, there was almost, if not quite, the same scarcity of enemies among his political opponents as among the members of his own political party.

And lastly, he was a good patient. He submitted promptly and willingly to whatever seemed best to his medical attendants. This included a heroic operation soon after the shooting, and arduous restraint thereafter, all of which he bore bravely and patiently. Hence the excellent getting along for the first 5 or 6 days; and recovery would have been the reward had it not been for the failure of the healing process. As to the cause of this failure I hope we will know more ere long.

The New President.

During the campaign last fall he was "Teddy Roosevelt;" now he is *Our President*; and as such we owe him every kind wish and every aid and cooperation that is possible for the people of a republic to give to their Chief Magistrate. While I have never liked his militarism, his bloodthirstiness, his spectacularism, his "lick-all-creationism," yet there are many traits in his character that I have always admired. He is not only physically bold, but he is morally brave. Moral courage is a much more rare quality than physical courage, but he has plenty of both. His party contains no more picturesque or courageous figure; nor does his party contain a man more able to give our country a vigorous, efficient administration. As a Civil Service Commissioner he first gained my admiration. This was increased by his efficient administration as Police Commissioner of New York City. This was still further increased by his forcing the passage of the Franchise Tax Law when he was Governor of New York, in spite of the opposition of the state boss. These things, and not his "Rough Rider" antics, prove his fitness for the office to which a great National calamity has called him. However, in Cuba his moral

courage came to the surface in the celebrated "round robin."

As to his policy, his recent Minneapolis speech indicates that he will not be as tolerant of trusts as his predecessor. Upon taking the oath of office as President, he declared that it would be his "aim to continue absolutely unbroken the policy of President McKinley for the peace and prosperity of our beloved country." It is said that he emphasized the word "peace." This is well, for it will calm those who might fear his tendency toward "jingoism." Later he explained to a friend that his announcement had special reference to the financial policy of the late administration. This explains the word "prosperity" in his announcement, and this is all the further his announcement commits him. But Roosevelt is not a man whose policy has to be guessed at. With phenomenal promptness and characteristic courage he announced his policy before leaving Buffalo. The Associated Press gives it as follows:

Buffalo, N. Y., Sept. 16.—Yesterday the President gathered some personal friends and those members of the Cabinet who were here and gave them such ideas as he had already formulated for the conduct of public affairs and his own policy.

As outlined to his friends at yesterday's conference he will be for a more liberal and extensiv reciprocity in the purchase and sale of commodities, so that the overproduction of this country can be satisfactorily disposed of by fair and equitable arrangements with foreign countries.

The abolition entirely of commercial war with other countries and the adoption of reciprocity treaties.

The abolition of such tariffs on foreign goods as are no longer needed for revenue, if such abolition can be had without harm to our industries and labor.

Direct commercial lines should be established between the Eastern coast of the United States and the ports in South America and the Pacific coast ports of Mexico, Central America and South America.

The encouraging of the merchant marine and the building of ships which shall carry the American flag and be owned and controlled by Americans and American capital.

The building and completion as soon as possible of the Isthmian Canal, so as to give direct water communication with the coasts of Central America, South America and Mexico.

The construction of a cable *owned by the Government* [Italics mine] connecting our mainland with our foreign possessions, notably Hawaii and the Philippines.

The use of conciliatory methods of arbitration in all disputes with foreign nations so as to avoid armed strife.

The protection of the savings of the people in banks and in other forms of investments by the preservation of the commercial prosperity of the country and the placing in positions of trust of men of only the highest integrity.

If he carries out his past civil service record, the spoilsman will receive no comfort from his hands.

Extracts From Minneapolis Speech.

Extracts from the speech of the then Vice President Roosevelt, at Minneapolis, on September 2nd will be of interest.

"No hard and fast rule can be laid down as to where our legislation shall stop in interfering between man and man, between interest and interest.

"All that can be said is that it is highly desirable on the one hand not to weaken individual initiative, and on the other hand, that, in a constantly increasing number of cases we shall find it necessary in the future to shackle cunning as in the past we have shackled force

"It is not only highly desirable, but necessary, that there should be legislation which shall carefully shield the interests of wage workers, and which shall discriminate in favor of the honest and humane employer by removing the disadvantage under which he stands when compared with unscrupulous competitors who have no consciences, and will do right only under fear of punishment. Nor can legislation stop what are termed labor questions. The vast individual and corporate fortunes, the vast combinations of capital which have marked the development of our industrial system, create new conditions and make necessary a change from the old attitude of the State and Nation toward property.

"There is only the scantiest justification for most of the outcry against men of wealth, as such; and it ought to be unnecessary to state that any appeal which finally entails the possibility of lawlessness and violence is an attack upon the fundamental properties of American citizenship. Our interests are at bottom common. In the long run we go up or down together. Yet more and more it is evident that the State, and, if necessary, the Nation, has got to possess the right of supervision and control as regards the great corporations, which are its creatures; particularly as regards the great business combinations, which derive a portion of their importance from the existence of some monopolistic tendency."

Sorrow, Humiliation and Congratulation.

Thus in our sorrow for the loss just sustained, and while the loss of a president in such a way is very humiliating to us, we can congratulate ourselves on the prospect of a safe, vigorous and efficient administration from the man who was elected as vice-president. The importance of the careful selection of candidates for vice-president is thus forced upon us. The selection of candidates for that office should be done with as great care as the selection of candidates for president. William McKinley was elected to be president for four years more. After six months of this time he is killed, and the man who was nominated and elected vice-president with him is to serve the remaining three and a half years. We never know, when we are electing a candidate for vice-president, how soon he will be *president*; therefore, political conventions should take equal care in selecting candidates for each office. And prominent citizens should not be guilty of declining a nomination for "second place," as is too frequently done, for we never know when "second place" will become "first place"; and then the country needs a good man to fill it.

The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

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Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (throughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, Secretary.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add *enuf* (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association:

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalize our universal instrument—language.

The Treatment of Goiter by Electricity.

Many favorable results have been reported in various medical journals all over the world regarding this treatment for this very intractable disease; the recent works on electricity have given it *enuf* space to be more than noticeable, and we have had pressing inquiries from our subscribers; therefore we notice the matter editorially. We have but little confidence in electricity as a general remedial measure in this disease, but perhaps we have grown pessimistic thru repeated failures. We have seen and know of many cases where the ordinary drugs have seemingly cured goiter; but opposit every successful drug in some individual case we can set an immense barricade of decided failures in similar cases under similar conditions. (It is now in order for some pessimist to remark that "you can do that with every drug and appliance and method known to medicin.") Such results with the most vaunted drugs tend to lead one to investigate every new claimant; for the good physician is never daunted by repeated failures. The evidence given by the best authorities is conflicting; and until we can definitely decide upon the pathology of goiter, we must always be at sea regard-

ing the proper rational therapy. Jones, the electrical expert in charge of St. Bartholomew's Hospital, London, says: "In my own experience I have never seen a cure of Grave's disease by electricity." His experience has been extensive, his work and study of the highest order, and his conclusions are therefore entitled to due credit. Jacoby, in Cohen's System of Physiologic Therapeutics, just from the Blakiston press, says of exophthalmic goiter: "This is one of the neuroses in which galvanism is undoubtedly of great benefit. That the affection is ever arrested in its course or entirely cured by the use of electricity alone is entirely improbable; but that single symptoms often disappear, and that the entire condition of the patient is improved under such treatment, is quite generally acknowledged." He further says: "In the cystic form of goiter, electrolysis should be given the preference." It will be remembered that Jacoby was trying to write a treatment that would not include the use of drugs, and that Jones was not hampered by any such limitation. Until we settle the pathology, the treatment of goiter by electricity must remain tentative, and be used with caution and discretion in only carefully selected cases. The error most practitioners make if they attempt treatment by electricity, is to abandon the use of other agents and drugs. It is plain that while all experts agree that electricity is occasionally of benefit, alone or in connection with other treatment, few can be found to defend it as a successful or universal remedy alone; and by remedy we do not in any sense mean a "specific." We believe that general stimulation by the electric bath would be perfectly harmless, and that the use of electricity externally over the gland or nerve trunks or by aseptic puncture of the gland would not be injurious if a current of low intensity were employed; but we cannot yet lend our voice to the clamor from some sections calling on the abandonment of other treatment in favor of electricity.

Substitution.

Many of our best readers and advertisers have frequently implored us to speak again on the crime of substitution. We are almost weary of a seemingly hope-

less fight, but if we could get within sword's length of the devils in the act we would smite hard. All our old readers know how THE WORLD stands. We will never win nor control legislation till we have perfect organization. Perfect co-operation and complete organization might enforce the provisos of such a bill once enacted and in force, but there are so many "if's" and so many difficulties in the way, that we may beg pardon for being pessimistic. THE WORLD has always tried to stand on the side of right and justice. The outrageous principle of substituting one drug for another is a crime which should call for rigorous punishment. The crime is the same whether the drug be galenical or proprietary; the pharmacist is no more the physician than is the nurse; neither nurse nor pharmacist is paid or trusted to make the diagnosis or prescribe. Every substitution is both robbery and treachery. We cannot find terms stronger than those we have so frequently used in condemnation of the practise. We have always been against it; we are against it now. Now, WORLD family, we can only once more ask you to get together. Form associations which will forever banish from your state any pharmacist caught substituting. Do your full and entire duty to yourselves and to your patients. Tennessee has set a good example, as the following shows:

[AN IMPORTANT LAW—HOUSE BILL NO. 320.]

An Act to prevent the substitution of any drug in filling physicians' prescriptions by druggists in the State.

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, That it shall be unlawful for any corporation, firm or person or any combination or association of corporations, firms or persons engaged in the business of buying, compounding and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SEC. 2. Be it further enacted, That it shall be unlawful for any agent or employee of such person, firm or corporation or association or combination of persons, firms or corporations engaged in the business of buying and selling drugs in this State to substitute any medicine for the specific medicine mentioned in the physicians' prescriptions.

SEC. 3. Be it further enacted, That any person, firm or corporation violating the provisions of this act, or aiding or abetting the violations of the same shall be guilty of a misdemeanor, and upon conviction shall be fined not less than \$25 nor more than \$100 for each and every offense.

SEC. 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

Approved April 3, 1901.

BENTON McMILLIN,
Governor.

E. B. WILSON,
Speaker House of Representatives.
NEWTON H. WHITE,
Speaker of the Senate.

A true copy, JOHN W. MORTON, Secretary of State.

Review of the President's Case.

The most satisfactory review of the President's case that we have seen is the following, from *American Medicine* for Sept. 21 and Sept. 28 :

The Report of the Autopsy in the Case of President McKinley, issued by the attending physicians, is as follows:

"The bullet which struck over the breast-bone did not pass thru the skin and did little harm. The other bullet passed thru both walls of the stomach near its lower border. Both holes were found to be perfectly closed by the stitches, but the tissue around each hole had become gangrenous. After passing thru the stomach the bullet passed into the back walls of the abdomen, hitting and tearing the upper end of the kidney. This portion of the bullet track was also gangrenous, the gangrene involving the pancreas. The bullet has not yet been found. There was no sign of peritonitis or disease of other organs. The heart-walls were very thin. There was no evidence of any attempt at repair on the part of nature, and death resulted from the gangrene, which affected the stomach around the bullet wounds, as well as the tissues around the further course of the bullet. Death was unavoidable by any surgical or medical treatment, and was the direct result of the bullet wounds."

A complete report of the case is being prepared. We can assure our readers, however, that it will throw little or no additional light upon the mystery which seems likely, at least for a time, to increase rather than diminish, concerning the true cause of death.

The Professional Duty was Well-executed.—In the full recognition of this mystery, it is gratifying that the attending surgeons and physicians are justly subject to no criticism. Whatever honest differences of opinion may arise, no error was made that was of serious importance. Neither newspaper sensationalism, nor professional jealousy, if they exist, can gloat over any professional mistakes that could have affected the final fatal result. Not only this, but the dignity of action and the celerity and skill with which Dr. Mann performed the operation, will long be regarded with pride by all his professional brethren. His son, acting as House Surgeon, received the wounded man, ordered the necessary hypodermic, and had charge of the patient for the half hour the before arrival of Drs. Mynter, Parmenter and Mann, Sr., who came from the city without the instruments proper for such an operation in obedience to a vague call sent from the Exposition grounds, and in complete ignorance of the person who had been wounded or of the sudden responsibility that was to be thrust upon them. There was an instant recognition of the necessity of immediate operation, the stomach having undoubtedly been perforated. Within an hour of the time of the assassin's act, the operation was undertaken by Dr. Mann, and before its completion a number of other surgeons and physicians arrived, all of whom heartily commended the decision reached, and the perfection of technique of the operator. The mechanic difficulties of the operation were very great, but the testimony of all is that they were brilliantly and perfectly overcome. The two holes in the lower borders of the stomach-wall were stitched, no unnecessary search was made for the bullet

which seemed to have injured no important structure posteriorly. The external wound was accurately closed in the most approved modern manner, and with due regard to the established principles of aseptic surgery. The reaction was at first so excellent that some of the attending surgeons indulged in an assurance of a bright prognosis that was soon to end in a most cruel disappointment.

The So-called "Mistakes" Made in the Post-operative Management of the President's Case, altho demonstrably of no causative influence in bringing about the death, are yet of most profound importance as lessons to us in other cases, and therefore deserve brief enumeration :

1. As to the staff, Dr. Mann appointed as his associates in the management of the case, Dr. P. M. Rixey of the Navy, the President's family physician; Dr. Roswell Park, of Buffalo, who arrived before the completion of the operation; Dr. Hermann Mynter, of Buffalo; and Dr. Eugene Wasdin of the Marine-Hospital Service, who had given the anesthetic. Two days later, Dr. McBurney, of New York, was called in, and on the sixth day Dr. Stockton, of Buffalo, was added to the staff; Drs. E. G. Janeway, of New York, and W. W. Johnston, of Washington, were also called in, the latter arriving after the death of the patient. Every surgical case at once presents problems of medical import, and ones with which the surgical mind is unfitted to deal. The expert in internal medicine should be summoned the first day. The principal holds perfectly altho, as we now know, the fatal result in this instance was inevitable.

2. The oversanguine prognosis was, if the word is not too harsh, a blunder; but it was one that is likely to happen when hope and emotion are almost impossible to control. The reaction and healing of the first four days was quickly followed by the demonstration of the lack of vitality of the tissues shown in the gaping of the entire external wound upon the removal of the sutures. That this fact, together with the high pulse rate, did not give the flooding optimism of some a chill, is at present only a proof to us that the scientific mind must not allow itself to be dominated by feeling or desire. Already in these columns we have condemned the unnecessary expression of a prognosis fatal or otherwise. It is wiser in any event to await the coming fact. The criticism of the inconsiderate and ignorant is certain to harm both the prophet and his profession.

3. Those who have said that the feeding by the mouth in so short a time after operation was against good professional practise, do not know that the rectum had absolutely refused to contain the enemas.

4. It has also been said that the injury of the pancreas should have been diagnosed at the first operation, but in all probability there was no demonstrable lesion at that time; and, furthermore, in so fat a subject, and with other technical operative difficulties, it was impossible to secure such a scrutiny of the organ.

5. The wound of the kidney or suprarenal

capsule was so slight that it had no influence whatever in producing death.

Other criticisms that have been made seem to deserve no consideration either because they are vague, or anonymous, or self-contradictory.

What Was the Cause of Death?—At the autopsy there were found no signs of inflammation, no peritonitis, no pus. There was simply nonhealing, and a necrosis of all the tissues in the neighborhood of the track of the bullet. This nonhealing extended to the operative incision in the abdominal wall, around the bullet-wounds in the stomach-wall for a space of about the size of a silver dollar, and for a larger area about the head of the pancreas and adjacent tissues beneath and beyond. The attempt to account for this extensive gangrenous process brings one face to face with the mystery which no theory seems adequately to clear up. So far as we are able at present to set these theories forth we may classify them somewhat as follows:

1. Death was due to an absorption into the circulation of the morbid products of the extensive necrosis, the intoxication finally overcoming the vitality of the heart, naturally weak, and further lessened by disease.

2. Death was the result of a kind of shock thru the injured solar plexus superinduced by the injury and subsequent necrosis of the tissues in its neighborhood.

Either theory is simply a method of pushing the mystery a step further back and of asking the question, *What was the cause of the extensive necrosis?* To this there are several answers:

1. It was due to septic matter carried in with the bullet, either from the clothing, or from some other accidental source. The absence of inflammation or of pus makes it difficult to understand how the result could have been thus brought about.

2. It was due to a cunningly poisoned bullet,—but no substance is known which could produce such a widespread necrosis.

3. It was due to a strange and rare, but by no means unknown, absence of healing power in some diseases and persons. Dr. Phelps, of Buffalo recently had a similar case. The extension of the gangrenous process to tissues but distantly and slightly interfered with as to nutrition, might be held as merely an extreme loss of such healing power. This devitalization of the structures, it might be added, would be very natural in a man who, at the President's age, had long led a sedentary life and who had borne the heavy burdens of power and responsibility.

4. It is possible that the necrosis or lowered healing power was due to injury to the solar plexus whereby the trophic power was inhibited or deranged, partially by direct trauma, or partially by the action of the pancreatic exudate, reaching its complete effect only after two or three days.

5. The necrosis was indirectly due to a concussion of the pancreas, which was not perforated by the bullet, but which was "grazed" and slightly injured, or contused by it, and which within two or three days began to pour out its natural or morbid secretion; and this, extend-

ing along the track of the wound, induced the necrosis, by its strong and positive digestive power, or because of the natural or acquired lack of healing power in the tissues.

There is a whole science yet to be revealed concerning the pancreas, but from many published cases it is clear that this organ is easily injured; that fat-necrosis and other kinds of morbid results soon ensue; that fatal results follow from slight injuries to it; that its secretions, normal and morbid, rapidly pass thru its enveloping membrane, and soon work irreparable injury to other structures.

Until further light may be shed upon the pathology, either by cultures made from the tissues secured at the autopsy, or by some discovery, we hold that dogmatic opinion is not justified. We frankly say, however, that the theory last suggested above seems to be the best working hypothesis. A rigid analysis of all the cases of pancreatic disease and injury might tend to confirm it. In this case the pancreatic exudate, causing the necrosis, might possibly have cooperated with a minor bullet-injury to the solar plexus, and the absorption of necrotic products thus added to the trauma, to create both intoxication and nervous shock; or possibly also, as we have said, trophic loss may have been in part or wholly due to direct traumatic or cumulative degenerative injury of the solar plexus.

The Complications in the Case of President McKinley which, since our last issue, have, thru the death of the patient, turned into mourning the general rejoicing over the first favorable reports, may well be characterized as unforeseen, since of all the possibilities outlined by the attending physicians and catalogued by the medical press, gangrene was not named. The result impresses even more deeply the fact so well appreciated by surgeons that in spite of all the triumphs of modern science and art, operative intervention, no matter how slight, is always attended by danger. How many times in the experience of every surgeon even after an apparently successful operation does death occur from intestinal paralysis, pneumonia, embolism of the lung, brain, or heart, suppression of urine, or from unexpected failure of the vital organs. The unexpected death of the President after such satisfactory progress during the first few days following the injury rouses the sympathy of the profession not only for the bereaved family, but for his professional attendants. To no one outside the immediate family circle is the death of a patient a cause for such sincere grief as to the physician or surgeon in charge. In this case in particular when the entire nation was awaiting anxiously every report of progress and when every detail of treatment was brought so prominently before the public, the death must have brought special sorrow. Criticisms are usually freely offered with regard to the conduct of such cases, many times from those least qualified to criticize. Altho newspapers have been circulating reports to the contrary, we feel sure that in this case not a single unfavorable comment will be heard from the medical profession, and we believe that the confidence of the profes-

sion is shared by practically the entire nation. The courage, cool judgment, and prompt and skilful action of those to whom the President's life was entrusted have roused universal admiration and commendation. It is in spite of every resource of modern science that we mourn the death of our chief executiv from the cowardly act of an assassin.

Professional Unanimity Not Disturbed.—At a meeting on Tuesday night of the physicians composing the staff which had the President's case in charge, a statement was prepared and signed by all present, denying the sensational reports issued by the lay press that there was disagreement of opinion among them or dissension of any kind. These reports must be characterized as scandalous and totally unwarranted, and such misrepresentations should be deprecated as calculated to create false impressions which would unnecessarily add to the prevailing sorrow. It is a cause for rejoicing that efforts to foment dissension have failed, and that the agencies endeavoring to produce this have, by the consistent and dignified attitude of these physicians, been balked of their anticipated sensational publication.

[The following from the issue for September 28.]

The Case of the President.—At this writing no new light has been thrown upon the mystery in President McKinley's case, yet press reports of the Czolgosz trial giving the testimony of the attending physicians show a most gratifying confirmation of the theory advanced in these columns last week as to the cause of death. Mystery will probably exist for a time, and there will be different theories honestly held by different observers, yet among the physicians who had the case in charge *there seems practical unanimity in the recognition of the pancreatic secretion as the morbid agent producing the gangrene.** So far, we see no reason to modify our view, and the objections to other theories than the pancreatic one constitute a kind of diagnosis by exclusion in its favor. A gas-bacillus has been discovered in the tissues of the external wound, but none in those posterior, and the entire lack of emphysema in any of the injured parts demonstrates that the gas-bacillus was not the agent producing the fatal necrosis. The cleanness of the bullets remaining in the murderer's revolver does away with the idea that they had been smeared with any toxic substance. The hue and cry of yellow journalists, as to the nonfinding of the bullet in the body of the President at the time of first operation or at the autopsy is what was to have been expected. We think that the extension of the pancreatic secretion along the track of the wound will ultimately be found to be the theory which has least difficulties, and which best explains the conditions found at the autopsy. The invalidity and unscience of a recent attack upon the attending staff of physicians by a prominent medical journal is happily shown by accounts of the operation and the autopsy given in the sworn testimony of those present and performing the work. The demonstration by cultures of the sterility of

necrotic tissues is a further proof of the perfection of technic of the surgery.

Italics ours.—Ed. M. W.

The Lost Bullet.—Adverse criticism has been made because the x-ray was not used by the surgeons attending President McKinley to localize the bullet, and because the bullet was not found at first in the operation nor "even in the dead body." The confidence of the profession in the eminent men composing the staff in this case will not be at all disturbed. Further search for the bullet by Dr. Mann would not have been good surgery, either scientific or humane. Thousands of encysted bullets are carried by old soldiers without causing any trouble. We are glad those who can now advocate such a measure had no voice in the management of the case. As to the autopsy, there was no "inability" whatever to find the bullet. In the first place no valuable surgical lesson could have been gained by finding it, and in the second, there were most excellent and adequate reasons for discontinuing the search. We regret that a complete ignorance of facts is held by some to constitute a sufficient ground for futile criticism. We may add that the bullets remaining in the assassin's revolver proved to be bright, clean, ordinary bullets. It would have been wholly unjustifiable to use the x-rays, and the clamor for this and for the location of the bullet is peculiarly layman-like.

[The following is taken from the editorial department of the *Philadelphia Medical Journal* for September 21.]

The Condition of the President's Heart.—In a man of the late, lamented President's age there are a number of factors to be considered by way of accounting for the heart failure, or weakness, which was a source of continued anxiety to his attending physicians. There were, it appears, no signs indicating the lesion of the pancreas or the gangrene which followed the course of the assassin's bullet.

The blood counts which were made revealed nothing, and the important index in the lack of correlation between the pulse and the temperature was not regarded seriously, owing to the fact that the President was known to have a most erratic pulse. In a man of Mr. McKinley's obese frame and full, sedentary habit, fatty degeneration of the organ was to be expected. This would naturally have followed the hypertrophy succeeding his activ army life. Granting the absence of organic valvular disease, as medical men we are interested in speculating as to what might have produced the asthenic condition. In addition to the cause of the original hypertrophy present, the arduous life of the President's younger manhood, he is said to have been an habitual user of tobacco. The effect of tobacco is to cause nervous over-action, which will in time lead to a hypertrophic condition of the heart, owing to the extra work it throws on the organ. This hypertrophy in time naturally underwent changes of fatty infiltration and degeneration, and consequently dilatation. These may be accounted for by the increast obesity of the distinguisht patient and the condition of arte-

riosclerosis, to be expected in a man of his years and affecting to some extent the coronary arteries.

The effect of the long continued, general anesthesia is not to be overlooked. It has been shown quite conclusively that blood inspissation, a condition of anhydremia, is present after etherization. The hemoglobin is reduced absolutely and a general hemolysis of varying degrees occurs.

These conditions would throw increased work on the already weakened muscular structure, oxygenation requiring so much more effort. If we add to this the effect of the shock, and the toxemia induced by the pathological processes within the abdominal cavity, it is easy to understand how tired nature was beaten in the heroic battle and how one of God's noblemen was lost to a sorrowing people.

[The following from the same source, for September 28.]

In President McKinley's case the progress from the third to the fifth day fully justified a hopeful prognosis. Any other would have recklessly thrown the public into a panic, and this would have reacted disastrously upon the case itself. If these hopes were somewhat too buoyantly expressed, this was due to nothing more than the natural rebound from the frightful shock and anxiety of the first three days.

* * * * *

The Condition of the President's Heart Once More.—Since the President's death we have had a surfeit of theorizing regarding its cause. Now that the poisoned bullet has been eliminated we are presented with such fine-spun speculations as the possibility of injury to the solar plexus, a peculiar idiosyncrasy of the tissues preventing their healing, altho their vitality was otherwise unimpaired; or the injury of the pancreas producing a general gangrene of the impaired tissues. It is hardly worth while to talk about the solar plexus as the cause of death. Deaths ascribed to injury of this structure follow immediately upon the wound and are not long drawn out, as in the President's case. It is useless to attempt to discuss an idiosyncrasy of the tissues, when we did not know certainly that it existed at all, and the assumption that it did in this particular case is purely gratuitous. As for the pancreas, as far as we can discover from personal communication from the attending physicians, glycosuria or other symptom of pancreatic disease was never present.

On May of last year a discussion was held before the College of Physicians of Philadelphia upon the effect of anesthesia in heart disease. It was shown then that in valvular disease of the heart without muscular degeneration an anesthetic has little or no injurious effect (Finney). On the other hand, there is reason to believe that in myocardial disease the anesthesia may cause a fatal termination either by producing sudden heart failure (Mayo) or by causing a sudden exacerbation of the morbid condition (Stengel), and attention was particularly called to the fact that in these cases the patient might continue in apparently good health for several

days after the operation and then go into a state of sudden collapse exactly as in the case of the President.

We do not believe that enough attention has been paid clinically to myocardial disease. What the actual cause of death there is no doubt, however, that the President's pulse was a just cause for anxiety from the very beginning of the case, and that the terminal manifestations of the case were collapse and heart failure. Whether these were produced by the anesthetic acting upon an already weakened heart, or whether the condition of the myocardium was such that the shock of the injury was capable of causing it ultimately to become insufficient, we do not know, but at least we shall await with keen interest the histological report upon the condition of the heart muscle.

The following two letters, from *American Medicine* for October 5, present two more thoughtful opinions:

THE CAUSE OF GANGRENE IN THE PRESIDENT'S CASE.

To the Editor American Medicine.—The various attempts to explain the results of the bullet wound in the case of our late President, so far as I have seen, make no mention of the following theory: From the location of the wound the adrenal must have been wholly or in part destroyed. We know that adrenalin, in the general circulation, slows the heart, raises blood-pressure, and perhaps heightens general metabolism. Locally applied it contracts the small vessels more powerfully than any other known agent. Therefore, were one of the glands to be in large part destroyed, we should expect, from lack of its secretion in the general circulation, a fall of vascular tension, a weakening and rapidity of the heart, and perhaps a lowered rate of metabolism. Locally there would be a prolonged anemia of the parts bathed in the secretion of the injured gland, resulting in gangrene without inflammation. Could this case be better described?
JOHN I. COCHRANE, M.D.
East Arlington, Vt.

THE ADVERSE CRITICISM OF PRESIDENT M'KINLEY'S PHYSICIANS.

To the Editor of American Medicine.—I have been very much surprised at the unwarranted and severe criticism by the *New York Medical Record*, of the medical men who attended the late President. The only feature in this criticism which is just is that made with reference to the location of the ball by the x-rays, and this would be unjust if applied to any period during his life after the injury was received. On the morning of the day on which the post-mortem examination was held I was at the house of my friend, Dr. Moore, of Westfield, N. Y., and in discussing the matter with him, I said that the bullet should be located in the President's body by the x-rays before the post-mortem began. My experience in the Civil War as an assistant surgeon and as a chief surgeon in the Spanish-American War had taught me that small balls were sometimes hard to find in living or dead bodies. The man who criticizes such a case, and in such a manner as the writer in the *Record* has done, shows experienced readers that he has sought for few balls in the human body. To have pushed the operation beyond the point to which Dr. Mann pushed it would have required almost complete evisceration, adding greatly to the risk of subsequent peritonitis and intestinal obstruction thru adhesions. The shock of the operation, added to that of the bullet, would not unlikely have terminated the President's life at an earlier date, and nothing would have been gained to offset these risks. I know personally that at no moment Dr. Mann's assurance went beyond a hope. As late as Wednesday night prior to the death of the President he was in serious doubt of his recovery. To my mind, the best was done that could be done. The prior condition of the patient was unfavorable to the healing of any wound. The ball was small and the charge of powder behind it was light. The flight of the ball was short, its velocity slow and its momentum feeble. The result was a contused and lacerated wound in tissues in which the vitality was low. The wound was so located that the principles of surgery applying to it—namely, free incision and drainage—could not be practised. The wound was fatal from the start, and his surgeons are worthy of commendation, and not condemnation.

It will be remembered that the temperature had advanced beyond the physiologic limit (100° F.) before the operation was undertaken, and continued to rise while the operation

ORIGINAL COMMUNICATIONS

was in progress. This was not due to peritonitis, nor to sepsis, for the reason that sufficient time had not elapsed before the temperature rose. To what then was it due? Nobody has said, so far as I know. I venture to express my own thoughts upon the subject and to advance an explanation. The bullet in its course past thru the solar plexus of the sympathetic nerve, tearing, lacerating and bruising its filaments. Immediately following this the arterial vessels to the surrounding viscera were paralyzed and dilated. The blood-supply was increased, local irritation was exaggerated and the progress modified. The temperature was increased from 98° to 100° in the parts affected, and the temperature of the whole body rose rapidly. This terrible injury to the solar plexus was to some extent spent upon the heart immediately after the injury, and later manifested itself fatally. The source of the gangrene may be rationally traced to the injury to the solar plexus, and the consequent great disturbance of nutrition. When we add this explanation to that of the reduced physical condition of the patient at the time of the injury, we may well cease to wonder at the result.

Pittsburg, Pa.

R. STANBURY SUTTON.

Later: In the full official report just given out by the surgeons (October 19), very little if anything new is given, but the following points are of interest: The failing light of a September afternoon was a disadvantage in the operation. Later, a movable electric light was used with advantage. We all know that when a serious and difficult operation can be arranged for deliberately, the strong light of midday is chosen. Other disadvantages were, "depth of the abdominal cavity" (thickness of the abdominal wall, due chiefly to fat), and lack of instruments to draw the edges of the wound apart during the sewing. Speaking of the search for the bullet during the operation the report says:

"The operation on the stomach now being finished, Dr. Mann introduced his arm so as to palpate carefully all the deep structures behind the stomach. No trace of the bullet, or of the further track of the bullet, could be found. As the introduction of the hand in this way seemed to have a bad influence on the President's pulse, prolonged search for further injury done by the bullet, or for the bullet itself, was desisted from."

Examination of the heart muscle showed well marked fatty degeneration. An interesting fact is that "there was no leakage of pancreatic fluid into the surrounding tissues." The wound to the kidney was found to be of no importance as contributing to the fatal result. The chief factors leading to the fatal result seem to have been the condition of the heart muscles, and "lowered vitality."

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—BUEKIN.

READ. REFLECT. COMPARE. RECORD

[As there are already signs of a recrudescence of the small pox epidemic of last winter, we placed in the hands of Dr. Benjamin Lee, the able and efficient secretary of the State Board of Health of Pennsylvania, the very full and free discussion of the subject in our pages last winter and spring, and asked him to read the same and then give our readers an "authoritative word" on the subject as a preparation for a possible reappearance of the epidemic this winter. The most useful (and interesting) form of journalism is that which first calls out the real state of mind of the profession on a given subject, and if wrong, to put it right. This is what makes THE WORLD so popular with the "rank and file" of the profession. We now take pleasure in presenting the following from Dr. Lee.—ED.]

The Small Pox Epidemic.

Editor MEDICAL WORLD:—I have read with mingled interest, amusement and indignation, the protracted correspondence which ran thru so many members of your valuable journal on the diagnosis of small pox, last winter and spring. It has been interesting as showing how wide-spread the present epidemic of this disease has been. From north, east, west and south, from Canada to Mexico, from Philadelphia to San Francisco, have your busy contributors written, giving freely of their experience and of their opinions. But it has been still more interesting as demonstrating the fact that everywhere it has made its appearance, it has uniformly

presented the same mild type, so mild as to throw many practitioners, perhaps a majority of them, off their guard. In fact, the failure of the family physician to recognize his first cases has been responsible for the rapid and unusual extension of the infection. Mild epidemics of variola, or more properly speaking, epidemics of mild variola, are not only nothing new, but are mentioned in all systematic works on the practise of medicin. I have in my library a treatise on practise by the Court Physician of Austria, published a little more than a hundred years ago. About one-third of the entire work is devoted to small pox alone, showing the important position which this disease occupied in the mind of the average practitioner of that day. Just about such a form as we are now becoming familiar with is described in this book. This fact sufficiently refutes the theory that the amelioration of the type has been due to the vaccination of successive generations. The more rational explanation, to my mind, is that this particular strain of variolous virus was imported from the West Indies during the recent war. Certainly the first cases observed in Pennsylvania possess this history. Heat, as is well known, destroys the vitality or impairs the activity of both the vaccine and the variolous contagions. It seems rational therefore to anticipate that the subjection of either of them to a sub-tropical temperature for centuries would diminish its virulence. It will be remembered that when small pox was first introduced among the aborigines of the New World it carried them off by thousands. At the present time, or more strictly until the United States occupation in Porto Rico and Cuba, while the disease was excessively prevalent on those islands, the death-rate resulting was comparatively slight. In Porto Rico the disease has now been almost entirely eradicated, the entire population of 800,000 having been vaccinated under the supervision of Major George G. Groff, Brigade Surgeon United States Volunteers, a former president of the State Board of Health of Pennsylvania.

I have been amused at the readiness and cocksureness with which men who have never seen a case of small pox will make a diagnosis of a disease which has puzzled able diagnosticians; but I have been filled with indignation when I have found men of this caliber, after experts of long and varied experience have definitely decided

the affection to be true small pox, and after state boards of health, having given the subject mature consideration, have affirmed it to be so, still presuming to set up their little inconsequential opinions in opposition, and pronouncing it to be chicken pox, impetigo contagiosa, or "*Cuban Itch*." And the trouble is that each of these ignoramuses has his following, and unsettles the minds of a considerable number of persons in his immediate neighborhood, thus preventing the adoption of the necessary precautions.

As was sagaciously predicted by Dr. William M. Welch, in his report to the State Board of Health on the outbreak in Allegheny County, Pa., it is not to be expected that in our climate the virus will preserve its mild characteristics. Already in the city of Philadelphia the death rate has during the past month reached over 14 per cent of the cases reported, while during the early part of the epidemic thruout the state it was less than 1 per cent. Owing to the intelligent appreciation of the situation by the general public, and the energetic and wise measures adopted by the Board of Health of Philadelphia, I do not apprehend any great increase in the number of cases, but the probability is that, as the infection is fairly well distributed over the city, we shall have it present with us to some extent all winter. The inclosed circulars will indicate what steps the State Board of Health has been taking to suppress the outbreak. You may find something in them that will interest your readers.

BENJAMIN LEE, M.D.

Philadelphia.

The following, from the Board of Health circulars inclosed by Dr. Lee, will prove helpful:

THE DIAGNOSIS OF SMALL POX.

Owing to the great infrequency of small pox at the present day resulting from the general adoption of vaccination, comparatively few physicians have had an opportunity of becoming familiar with its symptoms. The careful quarantine of the disease by the vigilant health-authorities in all our cities still further diminishes the chance of a medical student ever seeing a case. In former days the family physician was also the preceptor of students and took them with him in his daily round of visits. In this way they were frequently enabled to study infectious diseases at the bedside. Now all this is changed. Clinical teaching is given only at the general hospitals, and from them such diseases are very properly excluded. Hence, it has come about that on the first appearance of small pox in a country village it is almost invariably mistaken for some other less dangerous disease, and many persons become infected before its true nature is recognized. This Board, therefore, deems it important to call the attention of physicians to the salient points which distinguish this disease from all others.

In the first place, let it be borne in mind that the mildness or severity of the attack has little or no value as a diagnostic indication. Because the patient is able to be up and about, even well enough to work or to play, is not a sufficient reason to conclude that he is not suffering from small pox. Nor is the absence of or failure

to perceive the characteristic odor of small pox ground for deciding against the presence of that disease. The same may be said of the secondary or suppurative fever.

The disease with which it is most easily confounded during the first few hours of the eruption is measles, and if there has been no small pox in the neighborhood this mistake may be readily made. The appearance of vesicles or papules, however, will soon clear up this question, and the diagnosis will then be between chicken pox and small pox. If the disease be small pox, on passing the finger over the surface the papules will feel firm and hard under the skin, like small peas or shot, while no such impression will be given in the case of chicken pox. If it be the latter disease, pressure made with the thumb and finger on either side of the papule in such a way as to stretch the skin tightly over it will almost entirely efface it, while no such effect will be produced in the case of the small pox papule, owing to the fact that it is formed in the deep layer of the skin.

In both diseases the papules soon begin to form blisters (vesicles) on the summit, and in both these are filled with a clear or cloudy fluid. In the case of chicken pox this characteristic is maintained until the vesicles dry up, but in small pox the fluid rapidly becomes yellowish and opaque, indicating the formation of pus, and we have the true small pox pustule. The vesicles of chicken pox develop much more rapidly than those of small pox. The small pox pustules are surrounded by a distinct red areola which is not found in chicken pox. In severe cases of small pox the pustules often run together, constituting confluent small pox. This does not occur in chicken pox.

Another striking distinction between the vesicle of chicken pox and the pustule of small pox is that on or about the sixth day of the eruption the center of the small pox pustule begins to sink in, producing a little cup-shaped depression. This is known to physicians as umbilication, and is a sign of great value. The scab which forms as the pustule of small pox dries up, is dark-colored, firm and strongly adherent, while that of chicken pox is lighter in color, less compact, and falls off earlier.

Both of the diseases under discussion are self limiting, that is to say, run a definite course and have a definite duration. They are ushered in by chilliness, followed by fever, accompanied by headache, backache, loss of appetite and often vomiting, but in the case of small pox the eruption does not make its appearance until the end of the third or the beginning of the fourth day, while in chicken pox it appears on the second day of the illness. In small pox the backache is usually a very prominent feature. The eruption begins as a rule on head and face, often on the upper lip, and then spreads to the body and limbs. In small pox it is more apt to appear abundantly on exposed surfaces, such as the face and hands, while in chicken pox it prefers surfaces covered by the clothing. The marks of small pox, aside from pitting, persist for many weeks, usually producing a brown pigmentation of the skin. The development of pustules on the palms of the hands, the soles of the feet, the ball of the eye and the inside of the mouth are all strong evidence of the presence of small pox.

With the development of the eruption all of the feverish symptoms disappear, and in mild cases do not return.

A third disease, however, for which small pox has recently been mistaken in this State, does not present a self-limited and definite course. I refer to the superficial cutaneous affection known as impetigo contagiosa. In this disease, if there be an initial fever it is usually very slight. A child will go to bed at night feeling as well as usual, and may wake in the morning with reddish spots on the skin, which soon become blisters, or blebs. These, instead of being round and prominent like those of small pox, are usually flat, irregular in shape and of variable size, and tend to run together, forming crusted patches. As they dry in the center, they continue moist at the edge, and in this way spread, and may last for several weeks. The crust which they form is yellow, bulky, superficial and easily detached, seeming as if stuck on. This disease, simple in nature, is more apt to be confounded with chicken pox than with small pox. It often attacks several members of a family one after another.

* * * * *

PRECAUTIONS IN THE SICK ROOM.

1. The patient should be placed in one of the upper rooms of the house, the farthest removed from the rest of the family, where it is to be had the most complete ventilation and isolation. The room should be instantly cleared of all curtains, carpets, woolen goods and all unnecessary furniture. The rooms should be kept constantly well ventilated, by means of open windows, and of fire, if necessary. The utmost cleanliness should be observed both with regard to the patient and the room.

2. A basin containing chlorid of lime or quick lime in solution, or some other convenient disinfectant, should be kept constantly on the bed for the patient to spit in. Change the clothing of the patient as often as needful, but do not carry it while dry thru the house. A large vessel (a tub) containing a disinfectant solution should always stand in the room, for the reception of all bed and body linens immediately on removal from the person or contact with the patient. Pocket handkerchiefs should not be used, but small pieces of rag should be employed instead for wiping the mouth and nose; and each piece after being once used should be immediately burned. Two basins, one containing water impregnated with a disinfectant solution and the other containing plain water, and a good supply of towels, must always be ready and convenient, so that the hands of the nurse may be at once washed after

they have been soiled by contact with the patient. All glasses, cups and other vessels used by or about the patient should be scrupulously cleaned before being used by others. The discharges from the bowels and kidneys are to be received, on their very issue from the body, into vessels containing a disinfectant, and immediately removed.

3. No person should be allowed to enter the room except those who are attending upon the sick. A sheet moistened with a strong disinfectant solution and suspended outside the door of the room or across the passageway leading to it is necessary to complete the isolation of the patient.

4. Boiling is the surest way of disinfecting all contaminated clothing. A disinfectant should first be added to the water. Any material which cannot be washed without injury should be exposed to a dry heat of about 240° F., or fumigated in a closed chamber, as directed below. A hot-air disinfecting chamber should be provided near all cities where beds, woolen goods, etc., may be disinfected under the direction of officers appointed by the Board of Health. All articles which can possibly be spared should be destroyed by fire.

5. Small pox is most contagious during convalescence; therefore, strictly observe that the patient does not mingle with the family until all the scabs are entirely off, and only after a thorough purification by bathing, with a disinfectant in the water, and entire change of clothing.

6. In case of death, wrap the corpse in a sheet saturated with the strongest disinfecting solution, without previous washing; if the means are at hand inject the cavities of the chest and abdomen with a solution of chlorid of zinc or other antiseptic fluid; and bury it in a deep grave, within six hours, and without a public funeral.

STANDARD DISINFECTING SOLUTIONS RECOMMENDED BY THE STATE BOARD OF HEALTH

1. *Standard Solution No. 1.*—Dissolve chlorid of lime or bleach, in powder of the best quality (containing at least 25 per cent. of available chlorine) in soft water in the proportion of 6 ounces to the gallon.

2. *Standard Solution No. 2.*—Dissolve corrosive sublimate and permanganate of potash in soft water in the proportion of 2 drams of each salt to the gallon.

(NOTE.—1. This solution is highly poisonous. 2. It requires a contact of 1 hour to be efficient. 3. It destroys lead pipes. 4. It is without odor.)

3. *Standard Solution No. 3.*—To one pint of Labarraque's Solution of hypochlorite of soda (*liquor soda chlorata*—U. S. P.), add five parts of soft water.

4. *Standard Solution No. 4.*—Dissolve corrosive sublimate in water in the proportion of four ounces to the gallon, and add one dram of permanganate of potash to give color to the solution as a precaution against poisoning. One fluid ounce of this solution to the gallon of water is sufficiently strong. Articles should be left in it for two hours.

(NOTE.—Corrosive sublimate solutions should be kept in wooden or crockery vessels.)

TO DISINFECT DISCHARGES FROM THE PATIENT.

Use standard solutions Nos. 1, 2 or 3, keeping a pint of the solution used constantly in vessel ready for any emergency. Let the discharges be passed directly into the solution, and then let a pint more of it be added and allow the whole to stand for some time before being thrown into the sewer, or being buried. Milk of lime (ordinary white-wash) is also a very good disinfectant for this purpose.

TO DISINFECT CLOTHING, TOWELS, NAPKINS, BEDDING AND SUCH TEXTILE FABRICS AS CAN BE WASHED.

Use standard solution No. 4, one ounce to the gallon of water, or use one gallon of solution No. 1, in nine gallons of water. Let the goods soak in the solution for at least three hours—better four hours—before they leave the room. Stir them up so that the solution may get all thru them. After disinfection, boil the goods thoroly.

FOR THE DISINFECTION OF WATER CLOSETS, URINALS, SINKS AND CESS-POOLS.

5. *Carbolic Acid Solution.*—Mix one pint of carbolic acid with two or a half gallons of water.

Standard solution No. 4, diluted with three parts of water may also be used in the proportion of one gallon (of the solution) to every four (estimated) of the contents of the vault. Standard solution No. 1, would require to be used gallon for gallon of the material to be disinfected. Dry chlorid of lime may be sprinkled over the contents of a privy, or standard solution, No. 2, may be made by the barrel, and four or five gallons be applied daily during the epidemic.

TO DISINFECT THE SICK ROOM AFTER IT IS VACATED.

Let the room be thrown wide open for several days, for a thorough airing. If papered, let the paper be all removed with care. Then let all the walls, the floors and the woodwork of the room, as well as the furniture, be washed with standard solution No. 4, 1 pint to 4 gallons of water, or, of solution No. 1, a quarter of a pint to a gallon of water. Let this work be done most carefully, getting the solution into all the crevices. If any dust be present in the corners

and crevices, wipe it out with a rag wet in the disinfecting fluid. Don't stir it up with a brush or broom. Last of all, whitewash the walls and the ceiling.

[Disinfection by fumigation, by means of sulfur or formaldehyd, is sufficiently familiar to the profession to not need quoting here.—ED.]

What Ails the Baby?

Editor MEDICAL WORLD:—Mr. J. F., had a thoro exposure to smallpox April 17, 1901. On the 28th and 29th he became quite sick with the premonitory symptoms of that disease, and the eruption made its appearance April 30. His wife, Mrs. F., knowing of her husband's exposure, was vaccinated April 20, and had the vaccine disease in a pronounced form; but she declined to have her five months old *nursing* baby vaccinated, even after her husband had broken out with smallpox. The baby became sick the 10th of May, and up to the 14th was quite sick with fever, head hot, in a partial stupor, alternating with restlessness. Now, what ails the baby? Has it contracted smallpox from its father? or has it nurst the vaccine disease from its mother? Close and repeated searching failed to discover a vesicle, pimple, or pustule, nor did any appear thereafter. So here we have the vaccine disease in force, rendering the little patient absolutely immune for the time to smallpox, without having had a vaccine sore; and I am ready to believe that this patient will remain immune for a lifetime to any but the milder form of this disease; as much so as if the child had been regularly vaccinated. May we not well believe that many mothers, being immune to smallpox, transmit this condition to their offspring? May this not account for some, perhaps many of the very mild cases of this disease?

JOHN PHILLIPS, M.D.

Stevens Point, Wis.

Personal Experience in the Climatic Cure for Consumption.

Editor MEDICAL WORLD:—When I was about nineteen years of age there was no lad in our neighborhood who appeared to have a better constitution than I. My build was short; in fact, the boys called me "stubby." I could lift as heavy load as any boy of my age in the school. After our country school closed in the spring of 1856 I was interested to gain more knowledge and was sent to an Academy at New Hampton amongst the hills in New Hampshire. I confined myself closely to study

from April until well into the summer, when my appetite failed and the faculty of the school advised me to take a rest and go home. I had no home to go to. I was anxious to keep on and try to get a country school to teach and thus work my way thru college. I persisted until I was forced to quit and return to be an incumbent on relatives in Maine. I had two sisters whose husbands were physicians. When I arrived and had rested a little I was examined and told that I had tuberculosis. I did not then know what it meant, but soon found out and was taken to experts living at the capital city, where two physicians, an old school and a homeopath, counseled with my relativ and concluded that my days were numbered, to not exceed 365, and probably not more than half that time. I was not satisfied with their prognosis, and took myself to Penobscott County where another brother-in-law practised who was much older in his experience. I did not tell him the results of previous examinations. He examined and shook his gray locks. He lost no time in taking me to Bangor, where he had another expert in lung diseases examine me, and they together confirmed the Kennebeck diagnosis, also prognosis. You physicians who chance to read this will, if any of you ever got caught in the "swimmin-hole" of consumption, know somewhat how I felt. All hope of recovery was gone. I was on the "gallop" toward a consumptiv's grave without a dollar to my name, and in those days there were no hospitals to flee to.

I chanced to pick up a new medical journal (old school) in which I read a story on climate-cure. The article related how some consumptiv boys had been cured by a long voyage to sea, going up the Mediterranean, and I read how some had migrated to the west, and by living in the open air had made gains and in some cases regained health. I happened to have an older brother living in Peoria, Illinois, who was a civil engineer engaged in building a railroad across from Peoria to Burlington Ia. I got another older brother to write the one in Peoria to tell him about how the doctors had doomed me to die, and sent along the article about climate-cure; and to my surprise he sent me transportation and words of encouragement. I reacht his home on a Friday in the dry autumn of 1856 in September. I was then having night-sweats, swelled feet,

and a cough enuf to "knock my liver pin into a cockt hat." I could not walk a half mile without resting. On the following Monday that brother took me with him on his working train out thirty miles to the end of the track on the upland prairie; there he introduced me to his corps of surveyors, bid me good day, and I was left as I then thought, to die; but as it proved, it was to live, and get well double quick, for in sixty days I had gained twenty pounds—up to my normal weight of 100. Then that wise brother placed me on a salary and let me remain with his surveyors, where I learned lessons more practical than I would had I not contracted the scourge of consumption. During the following winter (1857) we experienced a financial upsetting worse than any we have had since, and along with it came one of the most uncommon freshets, which knockt our new railroad "gallet-west," and so crippled it that the managers did not know which way to turn. My brother wanted me to get more education and offered to help me thru college if I would go East and try it, which I did to my sorrow; for within one year I was nearly as bad off with consumption as when I went west before. I lost no time in making the second change, this time going on the upland prairies of central Iowa and workt at farming for six years, and I enjoyed good health. 1875 found me in Hahnemann medical College—from the plow to hold my end of the medical double-tree even with students fresh from literary colleges. I graduated in due time and immediately got into practise. Were I to tell all my experiences in private and hospital practise it would take at least one whole number of THE WORLD. So we will proceed to jump from 1876 up to 1891, when I found myself under "home-rule government" from a severe fall which came near getting my tickets into the Kingdom taken up. It was during this time that Koch launcht his "lymph" treatment for consumption, which the medical profession was so ready to try on. I had only to recuperate from my fall, read the thousands of columns of press notices of his wonderful discovery, until one day it came to my mind to try my hand at criticising what I concluded would soon prove to be a gigantic "fad." I bethought how I had been cured from consumption by a radical change of climate, and that I had known of others get-

tingsimilar benefits. So I made a "rush" to get an organization started, but I was not known outside a small circle. So I enlisted one prominent doctor in Chicago, T. O. Duncan, who was able to enlist others, and before August 1891 we had our organization which we called the American Health Resort Association in activ operation. I was appointed one of two special commissioners to make a study of climatic influences and mineral waters in our country for the benefit of the medical profession in America and Europe. I have devoted nine tenths of my time to this most enticing subject ever since, and now am only in the "primer class" along this line; but we have been able to prove thru our efforts that more than ninety per cent of the victims of consumption can be restored to health in a similar manner to that in which I was restored.

W. PINCKNEY ROBERTS, M.D.

Janesville, Wis.

[Dr. Roberts will continue his observations on climatic cure for consumption in next issue.—Ed.]

The Sin of Mouth Breathing.

Editor MEDICAL WORLD:—Mouth breathing is a physiological sin; and as such, is punisht by disease. We cannot violate any law, whether it be civil, moral or natural, without a penalty. The nose was made to breathe thru, and is an organ of respiration; the use of the mouth for habitual breathing purposes is a physiological sin, a violation of law, a perversion of function, and is justly followed by disease. It is a wise provision of nature to provide man with an extra breathing channel in case of emergency, but it is wrong to use this supplementary breathing channel habitually to the partial or entire neglect of the natural passage, the nose.

Because a person can crawl on hands and knees, it is no reason he should do so to the exclusion of walking on the feet; and yet that is a parallel instance. Habitual crawling results in deformity and disease in hands and knees, and the feet become impaired and useless from disuse.

The deformity of the features, the result of mouth breathing, is very evident; the open mouth, exposed teeth, vacant stare, short upper lip, drooping jaw, give an expression almost idiotic, and is certainly a reproach to the human form divine.

Mouth breathing is a very common

habit; observe as you meet persons, and you will find many with separated lips, breathing thru the mouth during the day, whilst during sleep, many more—very many more—breathe thru the mouth.

Observation indicates that a large per cent. of persons are more or less addicted to mouth breathing, either day or night. Unless the fond mother takes the precaution to close the ruby lips of the little cherubs, and exercise more care with the children, this per cent. will greatly increase in the coming years. There is no good reason why a child should be allowed to keep its mouth opened, and acquire the pernicious habit of mouth breathing, with evil consequences.

Every person knows that such diseases as catarrh, enlarged tonsils, sore throat and deafness are largely on the increase. Did it ever occur to you (if not, may this appeal reach with such force as to command attention and cause you to stop and think) that there must be a cause for the prevalence of these diseases? And that cause, in many cases, is mouth breathing. It is not possible to openly and persistently violate a natural, physiological law and not reap the consequences. Laws were made to be observed, and not violated.

The inhaled air, in its passage thru the nose is increased in temperature, deprived of dust, foreign matter, and receives a certain amount of moisture, so that when it comes in contact with the delicate structures of the throat, larynx and lungs it is so modified as to have only a pleasant and healthful effect upon these surfaces; whereas, if the air enters directly thru the mouth, it is cold, dust laden, and devoid of moisture, and has the effect to irritate the tonsils, throat, bronchial tubes, vocal organs, and all the respiratory tract; this is why mouth breathing is attended with such evil results as catarrh, cough, tickling and dryness of throat.

Many cases of deafness and ringing in the ears in persons of mature years, and in those who have past middle life, are due to mouth breathing; in such, the normal ventilation of the eustachian tube is deficient, hence follows tinnitus and deafness.

Just here allow me to state that tinnitus is an early symptom of oncoming deafness, and the subject should take immediate steps to prevent mouth breathing, and thereby prevent loss of hearing. In mouth breathing the normal ventilation

of the eustachian tube is interfered with, hence ringing or noise in the ears, with deafness following.

In children, teach them to keep the mouth closed, by closing the lips during sleep, and frequently reminding the child to close the mouth during waking hours. Keep constantly reminding them to close the mouth; never relax the effort until successful. In older children, teach them the evil consequences of the habit; that it mars the features; that with open mouth and exposed teeth no face can claim personal beauty. Make an open and earnest appeal to their reason and individual pride; this will accomplish much.

In adult life, and especially in those who have past some years beyond maturity, it is more difficult to overcome; the habit is fixt, and the parts have adapted themselves to new conditions, and this must be overcome if we cure the results of mouth breathing.

Various measures may be used to overcome oral breathing during sleep, some of which we will mention. Lie on the side, as the mouth is apt to come open while lying on the back. Tie a small pillow, or tuck a portion of the covering under the chin; this gives useful support in some young cases. Paste the lips together with bits of adhesive plaster. Pass a bandage under chin and over head. This is good, but so uncomfortable that few will use it.

I hope this paper will be sufficient to enlist the attention of the medical profession in regard to the evils of oral respiration, and that a well directed effort may be made toward the prevention of the practise.

N. R. GORDON, M.D.

Springfield, Ill.

Milk Douche for Catarrh.

Editor MEDICAL WORLD.—Having noticed a request in the October WORLD, page 444, for some one to suggest a cure for "Doctor's Daughter's" catarrh, allow me to say thru the columns of your valuable journal, my most reliable remedy is fresh cow's milk, supported by tonics, cod liver oil, etc., as the case may indicate. In order to explain my role of treatment fully, I will cite a case that occurred in my practise some four or five years ago, as that would be more in evidence of an established cure than one of a recent date.

A young man about 17 years of age came into the office one evening, and after introducing himself as a new comer to the

place, etc., stated that he was a sufferer from head trouble; that he had doctored until he was almost disheartened; yet was willing to place himself in my care providing I did not put him on the same old routine of treatment that he had already gone thru. He was six feet tall; very pale, and anemic, quite erect, and possessed but little confidence either in himself or any one else. His occupation was working in a creamery with his father, the worst place he could find almost, on account of the damp and wet. After giving his head a thoro examination for obstructions, as adenoid growths, etc., and finding nothing, only a thickened, reddened membrane, with a foul heavy mucous discharge from both nares, I told him it lay in his power to cure himself if he would follow out my directions, and be willing to continue for six months at least. To this he agreed, provided, if at the expiration of a month or two, he could experience enuf improvement to encourage him to go on.

After pledging himself to assist all he possibly could in his own behalf, I handed him a quart glass bottle nasal douche with full instructions to wash out the head thoroly morning and evening regularly, with warm cows milk, using not less than a pint each time; also to reverse the nozzle from one nostril to the other, after the fluid began to flow; and never to forget to scald out the instrument well after each sitting; to follow these directions faithfully for one week, then report at the office. He claimed he had a fairly good appetite, therefore, I gave him no tonic; but I ordered pure cod liver oil; to begin by taking half teaspoonful, and increase gradually up to a dessertspoonful before each meal. Advised woollen underwear to be put on immediately; to keep his feet dry, and take all the open air exercise he could, all of which he put into effect.

At the expiration of the six months, he walkt into the office and pronounced himself a well young man. But oh, dear! how proud! because he had assisted in bringing about his own recovery. He is the picture of health to-day, has prospered, is the possessor of a creamery of his own, and bids fair to become wealthy.

In some cases where the patient is very anemic, would advise iron given in some convenient form. It being a constitutional trouble, all attention must be paid to build-

ing up the system along with the local treatment, or else our efforts will all be of no avail. It is also very important for patients to be very regular and prudent in all their daily habits.

Will conclude by saying that the above treatment has given much better results in my hands than any nebulizer I have ever tried; besides it is simple and inexpensive. Will say to "Doctor's Daughter," that should she deem it worthy of trial, I would be very much pleased to learn the result.

J. W. SILVARA, M.D.

Ringoos, N. J.

Reply to "A Doctor's Daughter."

Editor MEDICAL WORLD:—Having devoted several years to the study and treatment of tuberculosis, during which time I have seen hundreds of cases representing every stage and phase of the disease in individuals of nearly all ages and conditions, I feel that a duty would be shirk't if I failed to say something in response to the appeal of "A Doctor's Daughter" (page 444, October WORLD).

Her case has been diagnosed as catarrh. When we recall that catarrh is an inflammation of mucous membrane, it is seen that but little has yet been learned of this particular case. This much of the diagnosis is evident to most anyone. To recognize the cause of the inflammation is quite another thing, and it is this that often taxes the resources of the physician and makes experience count for so much.

As no history has been given of onset, development and progress, an opinion will be of less value than if it was made upon deductions from a fuller knowledge of her disease. But there are a few cardinal indications that bring up a train of thought, of which I will speak briefly.

One of the most common causes of chronic inflammation of the nasopharynx is mechanico-physiological, if you will allow the term. It is produced by hypernutrition of a local area, resulting in an overgrowth of the tissues of the affected part. The consequence is some degree of obstruction, which tends to mouth beathing. If the obstruction is bilateral and complete, mouth breathing is absolute. In addition to the drying of the epithelium of the tongue, which results in varying degrees of its decomposition, the air current impinges unheated against the pharynx, disordering its local circulation, and enters the lungs without the steriliz-

ing influence of the normal bactericidal nasal secretion. At the same time there is behind the obstruction, whether partial or complete, a stratum of rarefied air which acts as a constant source of irritation to the part. The effect of this prolonged irritation is engorgement, first of the superficial capillaries, later the deeper ones, and finally a continuous congestion with excessiv mucous secretion with exfoliation of the external layer of the membranous cells, and lastly erosion and ulceration.

This is the typical course, but if the person is robust, if he lives much in the open air, if he is free from inherited or acquired weakness, and if he is not handicapped by the many other things which make life a survival of the fittest, these changes may be arrested at any point between slightest irritation and bony necrosis.

Probably the next most common cause of post-nasal and pharyngeal inflammation is that dyscrasia whose chief manifestation is lowered vitality. There is usually no recognizable form of disease present, yet we believe such persons will hardly live their expectancy. There appears to be some modification of the constituents of the body which, if it were possible to trace to its origin, would be found back of the first principles of life itself.

The mucous membrane of this class, the same as other parts of the body, is very vulnerable; a slight irritation will produce great effect. A septal spur, a hypertrophied turbinal, or any other disorder regarded as trivial in other cases, may be followed by most unpleasant symptoms. In persons of this type we generally observe polypoid degenerations and excessiv lymphoid growth. It is from among these that the largest compliment of recruits are furnished to the ranks of the tuberculous, for they supply that peculiar soil in which the bacilli thrive best, and from which they are hardest to uproot.

I would advise "A Doctor's Daughter" to have the nose and throat examined by a competent physician. If any enlargements are found, have them removed or reduced. Correct any defect in the throat, and get the tonsils removed if they are enlarged. Any tonsil that projects beyond the pillars is enlarged.

The condition of the mucous membrane of the upper respiratory tract, and the pains in the chest, imperatively demand

that the condition of the lungs be fully investigated. Go a long way if need be to find a physician who is expert in this line of work, and who knows that he knows how to interpret any abnormal evidences that may be present. If he is still uncertain after two or three examinations, have him give you a hypodermatic injection of tuberculin, purified, or watery extract of tubercle bacilli (von Ruck). This, when properly done, is without danger, and is almost absolutely certain. In addition to this the pulse and temperature should be observed, before and after the use of the tuberculin. The former should be noted several times daily under varying degrees of rest and exercise. The latter, every two hours from the rising to the bed hour. Be sure that the mercury has been shaken down to 96° each time before taking the temperature observation. A persistently low is as significant as a high temperature. A series of unpublished cases warrant this statement.

If tuberculosis is found to be the cause of the troubles, don't despair of the result. The disease is very curable in its early stage, when the patient is properly cared for and treated. Do not waste time hoping that the doctor may be mistaken, and that you are one of fortune's favorites. Go to an institution in a proper climate for the exclusiv treatment of tuberculosis, and put yourself under such care. There you get every detail of your daily life overseen, and every effort is made to bear on the single end of cure. Do this and you will then have every opportunity that modern therapeutics can offer for your recovery—and they are many.

LOUIS FIELDING HIGH, M.D.
Southern Pines, N. C.

Editor MEDICAL WORLD:—In answer to "A Doctor's Daughter," concerning her case of catarrh, described in the October WORLD, I will say: Take impalpable powder of boracic acid, and dust it into the nares with a powder blower, or by snuffing it up the nose, till it causes a slight burning sensation, but not enuf to cause severe pain. This will cleanse the mucous membrane and stimulate it to healthy action. Once a day is enuf. In addition to this local application, dress the body, particularly the chest, neck and arms, warmly, so that the circulation of blood in the skin will be activ, thereby relieving the mucous membrane of engorgement.

Don't be afraid of it "going to your lungs."

J. L. SHORT, M.D.

Oklahoma City, Okla.

Editor MEDICAL WORLD:—Tell "A Doctor's Daughter" to spray her nose and throat night and morning first with glycothymolin (Kress) diluted with an equal part of hot water, after which spray with:

⚡
 Iodin resub. gr. iiij
 Menthol cryst. 3j
 Camphor gum gr. xx
 Liq. albolin 3iij
 Miscel.; ft. solutio.

Have her father give her a good systemic tonic say something like this:

⚡
 Strych. sulf. gr. ½
 Liq. pot. ara. 3j
 Ferri cit. sol. 3ss
 Glycerin 3j
 Syrup q.s. ad. 3iv
 M. Sig.—Teaspoonful an hour after each meal.

After using two weeks, double quantity of first two drugs.

Milan, Ind. DAVID C. RONEY, M.D.

Editor MEDICAL WORLD:—What is the lady's age? What is her occupation? What is the condition of her bowels? One dry alvine evacuation daily does not suffice.

Now miss or madam, your diet is radically wrong. People eat to please the palate, not in the interest of their health, and eat much that is not food. Their transgressions are the cause of all human sins, except a few of the contagious ones. "Disease is sin."

Free indulgence in the pleasures of the table by the public give the business medical man not only his extensive and varied practise, but much mental worry and bodily discomfort.

Of course your father "cannot" (?) cure you, for the very good reason that you do not let him. Why try to cure a disease before removing the cause?

W. J. CRAIGEN, M.D.

Cumberland, Md.

"Doctor's Daughter" must describe her case. To sit down and write out all that she can by the use of her senses and faculties will be a fine exercise in analysis, a good exercise for some doctors, also. She should not only describe her catarrh, but also all other ailments she may have; also whether her relatives have the same trou-

bles; also whether she overeats, drinks coffee, wears thin soles, etc.

A. F. RANDALL, M.D.

Port Huron, Mich.

Editor MEDICAL WORLD:—On page 444 "A Doctor's Daughter" asks for a remedy for catarrh that she says her father cannot cure. Simple catarrh is easily cured, but I suspect that this case is not catarrh, but some faulty construction of the nasal tract. If the nasal tract is clear—if she can at all times breathe readily thru her nose, either side, then the case is simple and easily remedied. First, it is necessary in all these cases that the patient breathe thru the nose at all times, particularly at night. In order to accomplish this the patient must sleep on her side. Nasal catarrh never causes lung trouble, but mouth breathing sets up lung trouble very frequently, which is the forerunner of consumption. Let this young lady learn to breathe with her mouth shut always, and sleep physiologically; that is, on the right side principally, but always on the side and never on the back. Have her nose and throat treated twice daily with her globe nebulizer, using Dobell's solution. If the tonsils are enlarged, rough and crevassed, her father should brush them three or four times weekly with a mild solution of nitrate of silver. She should take ten drops of tr. ferri chlor. in water before her meals. If this treatment is carried out, she will get rid of her trouble. However, this young lady may live in a malarial district; if so, then she must take enuf quinin to eliminate the malaria, and take brisk exercise in the sunshine at least one hour every fair day, remembering always to breathe thru the nose.

JAMES W. MCCOY, M.D.

Wheeling, W. Va.

Editor MEDICAL WORLD:—In October WORLD page 444, "A Doctor's Daughter" inquires for a cure for catarrh. She asks something that can not be promised. I would advise the lady to get a nasal douche holding one pint, also a quantity of nasal tablets of the formula of Dr. Carl Seiler, in the Medical Record, Feb. 27, 1888. [This formula has appeared several times in WORLD.—Ed.] Dissolve eight tablets in one pint of warm filtered water, pass the liquid thru each nostril in succession, using, all told, one pint (or one-half

pint on each side). This should be repeated three or four times daily.

I have found that snuffing a small quantity of boric acid up each nostril, between the times of using the nasal douche, is of advantage where there is a tightening of secretions.

Internally: Beechwood creosote, dropt in capsules; take one drop three times a day, increase one drop every other day. When it causes vomiting (which usually occurs when they are taking six to eight drops) drop back to one half the number of drops for one day, then increase one drop every other day as before, until she reaches twenty-five drops. Continue at that number of drops for several months.

Mr. Editor, there will undoubtedly be a number of answers more worthy of space than this; and as I cannot promise a cure, I will not feel disappointed or hurt if this is consigned to the waste basket.

New Melle, Mo. P. HAMILTON, M.D.

[Such frank modesty deserves recognition.—Ed.]

Measles During Pregnancy.

Editor MEDICAL WORLD:—The Subject of measles in utero was brought up in the July WORLD, page 273, and again in the August number, page 322. I have had a case lately that may be of some interest in this connection. The family has been an afflicted one for several months. The folks are poor, hard workers, and generally pretty healthy. But last winter the grip got hold of them, and affected all of them more or less, the wife with the rest. Early in March whooping cough made its appearance, and the four children had it simultaneously, thus adding to the usual burdens of the pregnant wife. On April 23, before they were thru with the whooping cough, Mr. P., the head of the family, came down with smallpox, and had it hard, too; many confluent patches, and plenty of pits left. (He had always made fun of the mild form of smallpox which has been prevalent here. Perhaps this accounts for his having such a hard time of it himself!) None of the rest of the family took it, as all were vaccinated in time.

During Mr. P.'s illness, his wife worked like a Trojan. She had to; for they could get no help for love nor money; neighbors all scared nearly to death. Besides doing all the housework that was absolutely necessary, she hauled corn-fodder and water for the cattle, milkt several cows, and

cared for her four children and her sick husband, even tho he was delirious for about 24 hours. The family was in quarantine till May 18. By this time Mrs. P. was pretty well played out.

She had just begun to regain her usual health and spirits when she was taken sick with measles, on June 12. At this time she was about six months pregnant. It would seem that if ever a woman was in good condition to abort, she was. However, I gave her no medicin especially to prevent abortion. At first gave her aconite, 1x; this was followed by belladonna 2x, and this by bryonia 2x. She broke out well, and recovered in about the usual time without abortion. On September 25 I delivered her of a 9½ lb. girl. No effect of the measles can be noticed on either mother or child. Labor was perfectly normal, and at the time of writing, mother and babe are both doing nicely. Owatonna, Minn., W. C. ROBERTS, M.D.

Prolonged Inter-Menstrual Period and Prolonged Gestation.

Editor MEDICAL WORLD.—Dr. W. A. L.'s case of prolonged menstrual interval in a healthy young lady of twenty-four years (page 446), should receive no treatment whatever, as there is no indication for treatment. The molimen occurring about every 8 weeks is as natural to her as it is with others who menstruate every 28 days. Should this young lady marry and conceive, her period of gestation will be prolonged possibly to 11 months.

I have a healthy patient who menstruates about every 8 weeks, and has had 5 healthy children, but each gestation covered a period of 11 months.

This case of Dr. L.'s might have been benefitted in her early puberty had she then been given some uterin tonic. But at no time in her life has any form of local treatment, as dilating or curetting, been indicated. At this late period of her life, uterin tonics are of little value, and mechanical interference is uncalled for, as her health is good.

Dr. L.'s married lady of 28 years (same page) calls for both mechanical and constitutional treatment. But note "menstruates quite regularly." Give strychnin, arsenic, macrotys and laxatives. The endometritis and ulcerations indicate local treatment.

E. N. RITTER, M.D.

Williamsport, Pa.

Mode of Diminishing Danger of Rupture of the Perineum.

Editor MEDICAL WORLD:—How does nature accomplish the dilatation of the vulva? On account of the bony surrounding, this can take place to any appreciable extent, only in one direction: backward; and this by relaxing instead of stretching the perineum. To accomplish this I accommodate myself to the position of the patient; if she is lying on her side I hook my finger over the edge and make traction directly toward the coccyx; if she turns on her back, with my index finger in the vagina I press downward and backward. If she complains of the pressure, I diminish, and after a little while again increase. With care, but little discomfort will be felt. As my index finger tires, I add my middle finger; and if I need still more, as is often the case, I withdraw my middle finger and place my thumb firmly as a buttress against my index finger and soon tire out the muscular obstruction. Sometimes when delivery is delayed and the perineum has been relaxed too early, it will regain its tone, and this maneuver must be repeated; but it is much more easily accomplished the second time than the first.

Sometimes when I have not commenced the procedure soon enough, and the head is pressing down with considerable force, I do not attempt to control the head, but rather welcome the pressure against my finger, as it greatly assists in relaxing the perineum.

Some doubtless will say "It's all wrong; there's nothing in it;" while some too enthusiastic will say, "Here's the disappearance of ruptured perineum." Both will be wrong; there will still be cases of laceration; but if this idea is faithfully carried out, the cases will grow beautifully less. Let me impress this axiom: annihilate the distance between the coccyx and fourchet and you annihilate ruptured perineum.

A. V. SNOW, M.D.

Brookfield, Mass.

Puerperal Convulsions; Its Treatment and Prevention.

Editor MEDICAL WORLD:—Pages 361, 362, 363 of the September WORLD are replete with puerperal convulsions and treatment. Puerperal eclampsia is quite frequent, and occurs during and after the period of gestation. It is a difficult matter to attribute a cause for the existence of this dreaded hydra. Whether Bouchard's

theory covers the field, or the Schmorl theory is accepted, or whether it is due to the presence of a bacterium, or a microbic intoxication from the decidua, remains to be proven. Kundrat and Huyfeld incline to the belief that compression of the ureters is responsible for the eclamptic condition in the puerperal state. Whether the fetus causes the intoxication, or it is due to the mother's improper assimilation and elimination remains mutable, and we must await further developments from microscopical, bacteriological and pathological experts.

We are familiar with the clinical picture of puerperal eclampsia. All text-books on midwifery give a clear exposition of the clinical history of eclampsia.

In 1897 I had three cases of puerperal eclampsia; in 1898, two cases; and in 1900, one case. The mothers recovered, excepting in my first case, and she was the victim of a "consultation." The children were saved, excepting in the one case of twins, one being asphyxiated from prolapse funis.

The treatment: Veratrum viride in ten drop doses hypodermically every ten minutes until patient became absolutely quiescent and pulse numbering from 60 to 90 in the minute; normal saline solutions injected per rectum between the paroxysms.

These women were carefully watched during their gestation; urin examined at intervals of thirty days; albumin invariably present, specific gravity usually high. The "pre-eclamptic treatment" consisted in keeping the bowels open, no restriction in diet, the liberal use of water both internally and externally. Flint's chalybeate tonic tablets were prescribed two t. i. d. With all these precautionary measures, the convulsions were severe in each case and unavoidable.

I have confined four of these women since, and the fifth is due December 30, 1901. Three out of the four gave evidences of uremic conditions, albumin present in the urin, spe. gr. high, edematous extremities and puffed appearance of the face. The accouchement in each case was uneventful, and I expect the same good fortune in the fifth.

The treatment outlined consisted in the free usage of water internally and externally, a *strictly vegetable diet* (all meats interdicted), and $\mathcal{B}$ methylene blue in one-half grain doses night and morning. I will leave the scientific explanation of the therapeutic phenomena to the gentlemen

engaged in pathological and physiological research. LIONEL C. CHARBONNEAU.
232 Ninth Street, Brooklyn, N. Y.

Quinin in Labor, Etc.

Editor MEDICAL WORLD:—I have been a constant reader of THE WORLD about fifteen years, and I think it as much of a jewel to the general practitioner of medicine as the Columbia is to the American yachtsman. I frequently notice articles on puerperal eclampsia, which prompts me to give briefly to the readers a peculiar case that occurred in my practice about ten years ago. The first stage of labor appeared to be progressing in a normal manner in all respects, except a slight pain in the head; and as the least pain in the head at such a time excites suspicion, I got instruments all in shape for business if necessary. About the termination of the first stage I noticed some twitching of the muscles, and the lady complained of feeling very queer, etc., when I quickly applied the instruments and assisted her in her efforts to bring the babe into the world. To my surprise it was in a convulsiv fit, and so remained until next a. m., when it died. The mother was quite nervous a few days, but without any more trouble than usually occurs in child birth, she gradually returned to her normal condition in about the usual time. I am a firm believer in the old idea that the pressure of the child in the womb is at least a factor in the cause of puerperal convulsions.

I believe in the use of quinin in inertia of the womb, but when I use it I always give ergot about the end of the first stage. If hemorrhage should occur quinin is not the cause; it's the weakness of the muscular fibers.

I am of the opinion that if possible anesthetics should not be used when the instruments are being applied. The woman should remain perfectly conscious, so that she may prompt you in the placing of the blades.

I like to see the columns of THE WORLD open to physicians of all schools. Surely we can learn from each other.

C. W. MUSGROVE, M.D.

Trevorton, Pa.

Have a definit purpose in view before you incorporate any drug in a prescription. Never be guilty of "shot gun" work; it is worse than unscientific.

Shoulder Presentation.

Editor MEDICAL WORLD:—I am pleased that the pages of THE WORLD give space to the writings of our homeopathic brothers. I live near the city of Ogdensburg in this county, and of its physicians whom I often meet in counsel, one whom I most highly respect as a physician and a gentleman, is a homeopath. Of course we do not agree as to treatment.

About ten years ago I was called on a beautiful summer evening to attend a woman in her eighth confinement. As near as I could ascertain she had then had sharp propulsiv pains for nearly two hours. The waters were pretty nearly drained away. On vaginal examination I found an arm and hand down, the fingers protruding from the vulva. The thumb was toward her left thigh, the back of the hand facing anteriorly. The pains at this time were truly terrific. The mother was a strong, large and well built woman. I had been with her in five previous confinements.

I administered chloroform and attempted, under complete anesthesia, to replace the hand and arm in the uterin cavity, but I could not succeed, tho I workt faithfully, the perspiration in beads on my face, my heart beating like a trip hammer. I was nine miles from any other doctor, and no 'phone, no 'graph. Lower and still lower the shoulder sank in the pelvis until, with the entire arm protruding from the vulva, it was beneath the pubis. Brothers I had never known this mother to give birth to a child weighing less than eight pounds, and she was "at term." My office was but a short distance away, and I stopt into an adjoining room to send a messenger with instructions to my wife, for more instruments, expecting to, for the first time in my obstetrical career, have to do a dissection on the child. As I returned to the bedside the mother said to me, "Doctor, there is something coming." On examination I found the presenting shoulder being expelled from the vulva. I will say here, having no assistant, the mother had regained consciousness in part or entirely during my absence from the room. The head and thorax were soon expelled, followed by the breech and legs. Immediately after the partial expulsion of the shoulder I made two lateral incisions of the perineum, that no doubt facilitated the birth of the head and thorax and perhaps saved this body a more serious wound. The child gaspt several times after birth

and died. It weighed a trifle over eight pounds. The mother did well.

Here then was a variety of spontaneous evolution that I understand is very rare. "Evolutio conduplicato corpore." I administered chloroform once more on my return to the room and the mother was completely anesthetized at the birth of the child. I never met a case like this before nor since, not where the head and thorax were given birth simultaneously. Bear in mind also an eight pound babe and *at term*, and the fact of life after birth.

Long live THE WORLD say I. I never felt like writing much for a medical journal till I took this paper. And altho the space I may use may be better occupied by those who have more to say, I greatly enjoy these monthly chats with you all gentlemen, thru its pages. God guide its Editor.

O. C. HAMMOND, M.D.

Heuvelton, St. Lawrence Co., N. Y.

[It is just these familiar monthly chats that endear THE WORLD to so many thousands of doctors in all parts of the country, and cause us all to feel that the medical profession is really a brotherhood, regardless of the distance separating its members. Here, in the pages of THE WORLD, there are no "brilliant lights" to dazzle and blind the modest worker, and no dominating authorities to overawe. Here we are brothers working together, each for the help of all, and all for the aid of each, in the daily round of the general practitioners duties. "May God guide its Editor" is a prayer that touches his heart. He does not wish to dominate, but like the chairman of a meeting, he only seeks to guide the discussions into the most useful channels, and secure fairness and justice to all. So speak up freely, particularly you heroes of many wintry storms and perilous rides thru darkness over dangerous roads. Heroic devotion to humanity makes the light of science burn more brightly in your minds and hearts. Join in the monthly chats for the aid that you can give, as well as for the aid which you wish to receive. None can receive unless some give; let us all both give and receive. Yes, take other medical periodicals, too; plenty of them, for all, or nearly all, are worth much more than their price. But if you should take all of them, you will still want THE WORLD, for its monthly chats. And don't neglect to buy and carefully read the latest books. Your work and your contributions to the "chats" should be thoroly up

to date. The progressiv doctor never gets too old to be a student.—Ed.]

Tick Found in Ear of Child.

Editor MEDICAL WORLD:—I send you to-day, under separate cover, a tick which was taken from the ear of a little child about 9 months old, believing that it would be of interest to the Medical profession. This is not an infrequent occurrence in this country, and is peculiar to the high plains, or northwest part of Texas. In this instance the tick was im-



bedded in the ear about one-half to three-fourths of an inch from the outer entrance, or about the middle portion of the auditory canal. This is a peculiar insect, and entirely different from the ordinary tick found on the cattle in this country.

Silverton, Tex. E. C. PUCKETT, M.D.

A Doctor's Union.

Editor MEDICAL WORLD:—It is with a great deal of pleasure that I read Dr. Thornton's notice (page 423, October WORLD), of the formation of a society of physicians for mutual protection against dead beats in his vicinity. I desire to state that at a gathering of six physicians from as many states last month, at my house, was formed the "*Physicians' Protective Union of America*," duly chartered and incorporated under the laws of Maine, and the title copyrighted and secured. The object is to form local and state unions and a National union, exactly on the same plan of the various labor unions now in existence. The professional side of the doctor's life may or may not be considered; but the business and financial part will be most thoroly looked after. Such an undertaking, we all recognize, will be slow and must be carefully considered; but among the objects already agreed upon between the founders were the mutual protection from dead beats, within as well as without the profession; the correction of the patent medicin nuisance within the pale; mutual help in malpractice suits; old age and accident pension, and the opposing of harmful and helping beneficial law-making, both state and National. Several other objects will be added later. To become a member a person,

male or female, must be a regular graduate from some recognized school, a *legally qualified practitioner where he lives*, and in active practise.

We are at present engaged upon collecting facts and data, and having literature bearing upon the various objects printed. A temporary National Committee was formed. Sometimes next year we hope to organize in due form, and to elect regular officers. The undersigned was appointed, without salary, temporary National Executive Officer, to whom various communications should be addressed, always, however, inclosing a stamp if reply is desired.

Now let us see if the medical profession at large takes interest enough in its own welfare to awake, unite, and shake off the shackles that greed and ignorance from time to time have tried to fasten around us.

F. A. HANSON, A. B., M.D.
Trial Judge for Aroostook County.

New Sweden, Maine.

[In publishing the above the Editor assumes no responsibility beyond presenting the same as information. Send to the address given for further information, and ask for evidences of responsibility, etc.—Ed.]

Tissue Remedies for Neuralgia, Etc.

Editor MEDICAL WORLD:—I am an eclectic, and have practised in accordance with the teachings of that school for over forty years with a fair measure of success. For the last three years I have, with Dr. R. L. Moore, been using the tissue remedies in many cases with almost marvelous success. Take, for instance, facial neuralgia: put one dram of mag. phos. 3x (Schuessler) in a tumbler and add twenty teaspoonfuls of hot water; give a teaspoonful every fifteen minutes; if necessary repeat. When the pain begins to abate, give less frequently—say every half hour. I have more than once been astonished at the results. In my hands painful menstruation has yielded in the same manner with the same treatment, but may have to be repeated a second or third time to complete the cure. I was called to see a young lady, age 19, full habit. She was lying on the bed crying in great agony. I prepared the mag. phos. as stated, giving her a teaspoonful every ten minutes till pain began to abate, then less often. In one hour she was out in the yard playing croquet.

When the tongue is corrugated, no matter what the disease, give a few doses of calc. fluor, 3x and see how soon it will

become smooth and your patient begin to improve.

In cases of sweating feet with odor almost unbearable, wash the feet in cold salt water, on going to bed, and give three grain doses of silica 3x, three times a day. I have never failed to cure a case in three weeks.

The "Doctor's Daughter" has not given a full description of her case. Biochemists do not treat disease by name, but according to symptoms or indications. If the discharge be thick, yellow and offensive, take three grain powders of kali sulf. 6x three times a day. Tissue remedies in powder form are taken dry on the tongue, and followed by a swallow of water.

J. H. THOMAS, M.D.

Wyoming, Del.

Final Echoes of Dr. Chapman's Test Case.

Dr. Chapman Says That His Test Case was not a Hypothetical One.

Editor MEDICAL WORLD:—Since sending you my test case I have changed my location to 3838 Vincennes Avenue, Chicago, Ill., and have had but little time to devote to literary work, medical or otherwise. I shall be as concise as possible in making a few necessary explanations.

First:—My case was not a hypothetical one. I did not see it until morning of seventh day. I gave phosphorus 200th, (cc.) a powder every two hours until symptoms of improvement were apparent. Then a placebo so long as improvement continued. To complete the cure I gave a dose of sulphur 100,000th (cm.). His recovery was rapid and complete.

Second:—I have verified the curative power of the high potencies of phosphorus many times when indicated by the symptoms, as in this instance. Thousands of homeopathic physicians can corroborate this testimony.

Third:—In my anxiety to be perfectly fair with the old school, I had hardly been so with the members of my own school. If I had been stating the case to homeopaths alone I would have dwelt more particularly upon the mental condition, the modalities, etc. I believed, however, that I had given three good and substantial legs for our prescription to rest upon: (1). Extensive hepatization of right lung. (2) Great sense of tightness of chest. (3) The characteristic sputum.

In Gentry's Concordance Repertory the

batter like sputum has been given to lycopodium, and hence the mistake made by some of the homeopathic prescribers. Gentry made a mistake in copy. That character of sputum belongs to phosphorus alone. But even with this unfortunate circumstance against us, we have made a showing that I defy the old school, or any other school, to parallel. The reason that we have practically agreed upon the remedy is because we have one of God's most beneficent and infallible laws to guide us in the selection of the drug.

I did not take into consideration the season when I selected this case, because in California pneumonia occurs at any time of the year, and for that reason I overlooked that point.

Now in conclusion I have this to say: I take it for granted that we all desire the truth, the whole truth, etc. If the Editor of this journal and its readers desire another test case, I have one for them which I can abundantly substantiate by the evidence of numerous credible witnesses. I have no desire to obtrude myself upon the profession, but I do desire with all my soul to do what I can to bring about an investigation of the peculiar tenets of homeopathy. The case I wish to report cannot fail to excite the most profound interest and wonder in every reader who is ignorant of the possibilities of our potentized drugs. Upon its face, homeopathy is the most tremendous humbug ever perpetrated upon suffering humanity. All we ask for it is a fair test, and we will discuss the humbug proposition afterward.

3838 Vincennes Ave., S. E. CHAPMAN, M.D.
Chicago, Ill.

[The "test case" idea is a happy thought. This method of exchange of ideas and comparison of methods among the "schools" might be continued indefinitely, to the great advantage of all seekers after truth. However, one test case (one subject) is enough to consider in this way at one time. Let us dispose of Dr. Kendrick's test (malaria) before taking up another subject.—Ed.]

From a Physio Medicalist.

Editor MEDICAL WORLD:—Believing, as I do, that neither the homeopathic nor regular lines of medication are in harmony with nature, and that the physio-medicalists have, like Martha of old, chosen the better way, I venture to briefly outline a course

of treatment from that standpoint for Chapman's case.

If the patient had soaked his feet for one half hour the first day in hot mustard water, and drank copiously of an infusion of plurisy root and ginger, and then gone to bed between woolen blankets with plenty of comforts over him, there would have been no necessity for treating him any further. It seems, however, that he neglected this old fashioned treatment, and on the seventh day we have a "beautiful" case to contend with. The first question that presents itself to a physio-medicalist is not what "drug will produce a set of symptoms similar to these if given to a person in health," neither is it what particular poison will so paralyze the heart muscles that that organ can no longer force the blood so rapidly, and so allow the temperature to run down; but rather, how can we best assist nature to remove this accumulation in the lung which must be accomplished before the patient can recover. We must think, too, of the condition of the skin, the most important organ (if I may be allowed to use the word in this connection) of elimination of the waste of the body. We find the skin hot and dry except the extremities, which may be, and frequently are, cold. To restore the skin to its normal condition is then of first importance, and to accomplish this I would give the patient plurisy root in the fluid extract, 15 gts. in $\frac{1}{4}$ cup of hot water every hour until skin is soft and moist. To keep up the circulation full and strong, which must be done, I should give a capsule containing four grains each of capsicum and berberin sulf. every two hours. Should the heart show any signs of weakness, give 5 gts. fluid extract of cactus g. every hour. The above will sustain the circulation, and with a steadiness and regularity of heart action unknown when strychnin or digitalis is relied upon. Should the patient's feet, one or both, be cold, as would be likely to be the case, I should administer a pint of infusion of Thompson's composition powder as an introduction.

Dr. Chapman doesn't mention it, but in all probability the patient is having more or less trouble with his bowels. In fact he very likely hasn't had a good free passage since he "caught cold." I don't see that this feature of the case has been touched upon. As the proper remedies will suggest themselves to our minds, I will

suggest nothing except that under no circumstances should the use of mercurials be resorted to.

In closing, let me say as has been suggested by others, that as the climax is bound to come in the next twenty-four or forty-eight hours, it is difficult to decide how much credit should be given to treatment, and how much to the vital force of the patient. This doubt can only exist in case the patient "pulls thru." If he dies it is a simple case of heart failure.

F. A. STARBUCK, M.D.

Kansas City, Kansas.

School Uncertain.

Editor MEDICAL WORLD:—I would give Dr. Chapman's man

Aconite 1x	
Gelsem. 2x	aa gtts. xx
Water	3iv
Phos. 6x	
Bryonia, 2x	aa gtts. xx
Water	3iv

Sig.—Two teaspoonfuls alternately, every half hour until better, which will probably be in three or four hours.

Also apply to the chest a flannel wet in tincture arnica 3ij, hot water 3iv to 3vi. Keep the arnica mixture standing on the stove, and re-wet the flannel every half hour.

The aconite and gelsemium will reduce the temperature, and the two drugs together will not have the depressing effect on the heart that the aconite would alone. The phos. and bryonia will take care of the cough. The bryonia especially will act as a prophylactic on the serous membranes and ward off pleurisy, endocarditis etc. The arnica to the chest will relieve the dyspnea and oppress breathing, and need not be kept up more than five or six hours.

As soon as the temperature is down to 99°, stop the aconite and gelsem, and go on with the phos. and bryonia. Look out for the heart when the fever leaves, and be ready with powders of carbonate of ammonia, or what is full as good, Potter's powders, made with powdered gum camphor, carbonate of ammonia and prepared chalk, equal quantities.

Above all things, don't give any coal tar derivatives, unless you want to see your man go off with heart failure just when you think he is out of danger.

I suppose Dr. Chapman will call the above treatment "shot gun" and "mongrel," but I can't help that. The patients will recover every time, or at least they

have, so far, with me, in a wide country practise for nearly twenty years; and experience teaches that what has done well in the past will continue to do so in the future.

I would not have it understood that this would be my treatment for every case of pneumonia, and during every stage. A mild case seen in the beginning would not require the arnica compress; while had Dr. Chapman's man been seen the day he "sat in the draft," a few doses of aconite would have cured him in thirty-six or forty-eight hours.

Dr. Chapman has askt "all schools" to prescribe for his patient to "see which is the scientific school of medicin." I do not know what "school" I belong in. I am not an "allopath," nor a "homeopath," nor an "eclectic;" but just a plain M.D. Webster says a physician is "one skilled in physic, or the art of healing." That is good enuf for me.

Salem, Conn.

C. F. CONGDON.

As Mr. Dooley Would See It.

Editor MEDICAL WORLD:—" 'Oi say," said Mr. Hennessey, "hev ye heerd of th' case of noomoney all th' doctors b' tellin about in th' MEDICAL WORULD?"

" 'Oi hev," says Mr. Dooley, "an' mind ye besides th' noomoney he had th' Statues Presents, whativer that is, with 'is spootum all flyin' t'paces like batter. They do tell me, Hennessey, th' whole homopathy medicin chist ther's only wan drug what'll cure th' same, that wan bein fosforus. You see, Hennessey, th' thrick was t' get all th' homypaths t' trate th' poor man alike. Then comes wan man Lawshe an' tells th' thrap, an would ye belave it, even with th' handle on't so they'd all git hold alike, 'tis a toss up twixt matches an' liky podium.

"Accordin' t' wan man 'Oi must be a dead wan Hennessey," says he, forcible like, "'tis th' only thing t' kape wan in that condition alive. Perhaps ye mind Hennessey, when 'Oi had th' noomoney so bad last winter they'd prop me up in bed to breathe, me chist as tight as a dhrum, a coffin turrible, an' raisin' the dirtiest lookin spootum, me hearrt a goin boompty-boomp an' me a breathin like the piston on th' Empire State Express.

"Thin in comes me old doc. an' fixes me up some digy talus an' a pull at th' bottle th' old woman kapes 'n th' cupboard, thin he plastered me chist with

some quare lookin putty called Aunty Flogistin, an' tho 'Oi never knew befor 'Oi had such a relation, she pulled the ache all out of me side; an' thin he fixt up the d'rndst mess of tartarie meltic an' surrup of pin feathers, squills or some sich thing, an' Hennessey, ye should hev seen th' chist full of spootum 'Oi spooted.

"Whin th' praste cum th' next day he was tellin me they'd cheated him out ov a job by poompin me full ov oxy gin. W'u'd ye belave it, Hennessey, 'Oi never remimber drinkin th' stuff at all, an' thry as 'Oi w'u'd 'Oi couldn't git th' taist ov it in me mouth. 'Oi'll never forgiv them for not wakin me up befor 'Oi took it.

"Divil a drop ov fosforus or liky podium did 'Oi git, an' yet 'Oi'm a well man to-day.

"'Oi reckon th' old doc. tho't a good sthrong dose an' some good harrud worruk would do more f'r me thin an infinytessy-mal dose an' waitin an' watchin as did me friend Cohen, ov Tixas."

With due apologies to Peter Finley Dunne, and the readers of THE MEDICAL WORLD, I am, Very truly yours,
Beloit, Wis. IRA F. THOMPSON, M.D.

Editor MEDICAL WORLD:—I may be a little too late in this case to save the patient, but I have become interested from reading the various replies given to Dr. Chapman's pneumonia case. The homeopaths, in general, have reacht a cure in this case by the use of phosphorus; while the regulars have not been so uniform in the treatment of this particular case. I suppose this case has about reacht the crisis without having had any treatment at all; and the Doctor wants to know how the different schools will treat such a case at such a stage of the disease. The prognosis of this case is sure death without medical interference: if not, how may we know what treatment brought about a favorable termination? To infer that this case might get well without any line of treatment would leave us at sea, and we cannot tell whether it was homeopathic or allopathic remedies that sough't the mark in this particular stage of this disease. The question is, treatment.

If I were called to this case at this time of the disease my line of treatment would be depletion; and as bleeding has past away, I would rely upon aconite in the following formula:

R
Tr. aconiti..... grs xx
Spts. etheris nitosi..... ʒvj
Liq. potassii citratis..... ʒiv
Syrupi zingiberis q.s. ad. ʒvj
M. Sig.—Tablespoonful every three hours until skin is moist, and then less frequently.

Also this stimulant;

R
Ammonii carbonatis..... ʒj
Infusi sapentariae..... ʒiv
M. Sig.—Teaspoonful every three hours.

The local treatment would be a blister over seat of pain, and a cotton wool jacket. All other treatment of this case must depend upon the symptoms present. For the heart I would use strychnin instead of digitalis, as I am persuaded that the latter drug is contraindicated in this disease, having seen some evil effects from its use.

H. A. SIMPSON, M.D.

Chucky City, Tenn.

Editor MEDICAL WORLD:—I have been somewhat entertained in reading the homeopaths' visionary methods in treating Dr. Chapman's test case of pneumonia. Why? It must be remembered the patient is taking into his system, with his daily food, more phoeophorus than they are giving him.

Dr. A. R. Gonc (page 388), in the last six or seven lines of his communication, should be carefully considered and heeded; it's about the truth. The lancet should be used in well selected cases, always; at the same time about 8 or 10 grains of calomel, combined with ipecac and soda, should be given at the first visit to the patient. A fly blister should be applied early. Under this treatment we would hear of but few deaths from this disease. I speak from an experience of nearly forty-nine years.

Dr. Hiram Corson, late of Conshohocken, Pa., near Norristown, some years ago, thru the Medical and Surgical Reporter, gave the medical men of Philadelphia, some plain talk in reference to the high rate of deaths from this disease under the modern mode of treatment.

Rancocas, N. J. W. L. MARTIN, M.D.

Editor MEDICAL WORLD.—I think it very probable that Dr. Chapman's pneumonia case will die; but "pneumonia tends to get well;" so perhaps he may recover, even if he takes nothing but lycopodium 200x.

I should like to ask our homeopathic

friends, what would be the effect (homeopathically speaking) if the patient, after taking his dose of phos. 200x, should happen to inhale or swallow a portion of lycopodium powder from an open box of purgative pills left by a meddlesome but well meaning friend, on the table near him? He might easily get a high potency of this "drug" by inhalation, or as our homeopathic friends would say, by "olfaction." Would the one remedy counteract the other? or would the two, one given "on purpose," and one accidentally, be doubly efficacious?

Or suppose this pneumonia patient to be a druggist, and thru the open door from his shop there should be wafted in a dust raised by a careless office boy, composed of high potencies of camphor, rhus, nux, phos. and forty other drugs, including oyster shells and lycopodium; would he recover at once? or would the high potencies prove too much for him?

This sounds fanciful, but is it not quite possible that such a case might occur? and the patient take into his system as much (or as little) as a 200x of forty medicins.

In other words, if the homeopaths are right, would it be possible to be certain that the patient was getting only the high potency of one proper medicin, and not the highest and therefore most powerful attenuation of forty contradictory medicins?

We of the regular profession are puzzling our brains over how to protect patients (and well people) from mosquitos, flies, etc.; but we have an easy job compared with that of the homeopaths, who ought, if their theory is true, to protect patients from the chance absorption of a thousand medicins that float in the air, or are absorbed in our food and drink in sufficient quantity to make a 2x or a 2000x.

I would suggest that the next man who proposes to step into the shoes of Hahnemann take his patient to a high mountain, where he would be free from the possible influence of high potencies of lycopodium, arsenic, oyster shells and other powerful medicins that might interfere with his provings. Here in Monterey we have quite an appreciable amount of arsenic in the atmosphere, especially when the wind is in the right quarter, from the smelters. Would this fact modify treatment by homeopaths if the pneumonia case were here.

THOS. J. TURPIN, M.D.

Monterey, Mexico.

Dr. Chapman's Test Case.—Iritis Treated Homeopathically.

Editor MEDICAL WORLD:—Dr. Chapman's case certainly was a test in some particulars, tho it may have failed to prove that phosphorus, or any other remedy, was curative in this case of self-limited disease, or one which nature very frequently "pulls thru." The answers to this given case are certainly a test of uniform prescribing on the part of the homeopathic system. More than thirty homeopathic prescriptions were made for this case, with a variation of but two remedies, over twenty-five agreeing upon the same remedy. There were seven prescriptions made by the regulars, none of whom offered the same treatment. [Calculation based on September WORLD, as October WORLD was not out when this article was written.—ED.] This is good evidence that the old school cannot base the selection of remedies according to scientific exactness. This school is admirably scientific in the collateral medical branches, but drops into a confusion equal to that of the doctor of last month's (September) WORLD, who dropt into "Allen's yards of encyclopedia."

While the medical art is made up of several important branches of science, no one of them is so important and vital as the selection of the remedy, unless hygiene and sanitary science, or surgery, dispute this claim. There is an abundance of reliable literature at hand to show that disease, not nature-cured nor self-limited, has been cured without any consideration of the collateral sciences. This is not said to minify the important scientific subjects of medicin, but to declare the importance of finding the proper remedy, by use of a sure and scientific method, with which to heal the sick. The most important branch in old school treatment is without scientific standing, and herein lies their failure. 'Tis true, this system has sufficient knowledge of the physiological action of drugs, but is it not the rule rather than the exception that the human system, when afflicted with disease, refuses to accept an artificial physiology? If physiology is to be a guide in the selection of a drug, can we cure our cases of constipation with purgatives? All sorts of physiological stimulants fail in like manner and almost to the same extent.

A literary writer of national reputation recently said to his physicians: "You

know everything in your science, but your science knows nothing." This man realized that the profession was founded upon much scientific wisdom, but the very important part — therapeutics — was a failure.

It is in this vital part of the medical art where homeopathy claims superiority; here we claim law, order and precision in the application of the drug, and find satisfying results. If drugs, properly prepared, are selected for a diseased condition, similar to conditions produced on the healthy by these same drugs, health will be restored, unless organic changes have developed beyond restitution.

While the homeopathic materia medica may be called "chaotic, unauthentic, paralyzing," those who prescribe by it have no larger brains than those of the old school, and select their remedies with fair uniformity, compared to old school "eraticism."

Homeopathy wants everything good in the allopathic school; it has taken possession of all the wealth of the collateral sciences belonging to the latter's system, and is using this material to good effect. As homeos, we ought to know of their materia medica, how to use it, and what results may be derived from old school methods of treatment. Dr. Pyle gave us an able article in September WORLD (pages 373 to 375), and we deserve some of his criticism; yet he forgets the age and especially the smaller size of this new school, and does not realize that we have splendid teachers on all the scientific subjects necessary in the healing art, some of whom are authors of books which are adopted by our colleges, but of course receive no recognition from those of the other faith.

The brilliant discoveries made amid the vast army of old school teachers have been quickly adopted by the new school, but as long as we obtain better results by prescribing according to the law of similars, we will hold fast to that which is good, and thank the old school system for all the good we can get from it.

Of the doctor who made the statements that homeopathy has "no remedy so valuable as the salines in the toxemias," nothing as good as the coal tar derivatives, "no potassium iodid for syphilitic dis-crasia, absolutely nothing for iritis," I venture to say he has not tried our remedies to find out. I wish to record a case of

iritis cured by a homeopathic remedy after potassium iodid, etc., had failed.

June 9, 1900, W. H. W——, age 45, single, formerly a painter, dark complexion, heavy weight. History of syphilis not clear; had gonorrhea, rheumatism, recurrent skin eruption, has chronic constipation. Has been under old school treatment for iritis for five years, the last two of which were spent at the North Western University, Chicago, and Post Graduate Medical School, Chicago. During these five years patient has had potassium iodid, mercury, atropin, zinc sulf. and perhaps other drugs unknown to him. The last two named drugs were thought to be helpful during acute attacks, but no benefit had been derived from other treatment. The left eye was first affected five years ago, exciting cause being a drop of turpentine. Recurrent attacks followed from time to time, tho patient was all the while under the care of an ophthalmologist, old school, but finally came to Chicago where the eye was operated upon at three different times. Final result was total blindness in his left eye. About two years ago iritis attack the remaining good eye, and acute attacks would recur at intervals of two to four months and would last from two to four weeks. Vision was quite impaired, and very much impaired during an acute attack. The patient came to me during an acute attack, despondent because his former doctor could promise no hope to save his eye, and did not seem to have advised any further surgical work. The usual symptoms of iritis were present, with burning pain in eye so severe that at times the patient lost sleep; a friend could not be recognized half way across the street. A few doses of sulfur 200th were given; and four days later nitric acid 200th; one dose each day was administered. June 16th: Pericorneal injection and pain gone, pupil irregular in reaction to light. Nitric acid was continued and atropin given to dilate pupil. From this date vision gradually cleared, and at the end of three months was better than it had been for over a year.

About six months after first prescription was made, patient suffered a very light recurrent attack with severe "cold in head." No recurrent attack has happened up to date, tho the patient has had a few attacks of coryza, which used to excite acute attacks of iritis. This man

has good vision now, and with the aid of glasses reads and writes.

Considering the facts that, in this case, had destroyed one eye, and, in the same protracted and persistent manner afflicted the other eye with a steadily increasing impairment of vision, it is only proper to say that "wondrous kind nature" does not deserve a large share of credit in the cure of this case, neither was potassium iodid the only sure thing.

Chicago, Ill. ERNEST CADWELL, M.D.

Dr. E. Erskine, of Rogers City, Mich., in a communication concerning pneumonia, says; "The disease not being a curable one, all we can do is to carefully guide our patient thru the storm of sickness, and assist him to enter the Harbor of Health."

Dr. E. Spencer, of Bel Alton, Md., writes that in his treatment of the "test case" given on page 440, October issue, he had the crisis distinctly in mind; and tho he did not mention it, he thought it was plainly implied. Also, that he wrote thinking that the pleural pain continued to exist on the seventh day, but as it is not given in the condition existing on the seventh day, the local applications recommended by him are not necessary, and the iodid of ammon., intended for the pleura, is not necessary.

Dr. Kendrick's Test Cases.

See October WORLD, page 412, for these test cases. The compositor there misspelled the Doctor's name, making it Kendrick instead of Kendrick.

In Dr. Chapman's case, we gave the homeopathic replies the precedence. Now, for equal "fair play," we give replies from "regulars" the precedence.

Editor MEDICAL WORLD:—The most direct route to arrest those paroxysms in Dr. Kendrick's cases is quinin, not 3x nor 200x, but quinin, preceded by a thoro calomel purge, and promptly pusht to cinchonism regardless of the quantity it takes, whether 15 grs. or 115 grs.

The "keynote" to these cases is the periodic chill, fever and sweat, and the cause is malarial infection; and it has been "proved" on tens of thousands of persons that quinin will arrest these paroxysms promptly if pusht to the limit.

This heroic treatment may not be scientific, for we were taught by our dear old Prof. that a dose of quinin greater than 3 grs. was unscientific; but experience has taught us that if we can produce cinchonism in the patient before the time of expected paroxysm, it will invariably fail

to arrive. As arrest of paroxysm is all that is askt for, I will not give after treatment.

D. BOSWELL, M.D.†

Wisner, Neb.

Editor MEDICAL WORLD.—Allow me to prescribe for Dr. Kendrick's test cases in October WORLD. No fairer tests could be offered the profession, and I look forward to uniformity among our allopathists.

For the first case I would give quininæ sulfas in capsules three times a day, giving a double dose three hours before the chill. Twenty-four grains each day will arrest the paroxysms within forty-eight hours. Then I would prescribe

℞
Quin. sulf..... 3j
Tr. ferri mur..... 3v
Glycerin..... 3ias
Aque destil..... q.s. ad. 3iv
M. Sig.—Teaspoonful in water 3 times a day after meals.

The second case is the most serious, and must have help soon. I would act vigorously upon his secretions.

℞
Calomel..... gr. vj
Soda bicarb..... gr. xij
Sac. lactis..... gr. xxiv
Ft. chart. No. vj. Sig.—One each hour until the six powders are taken.

The seventh hour I would give mag. sulf. 3iij in water. Then quininæ sulfas would be the drug to prescribe just the same as in the first case. Also a diuretic and diaphoretic mixture.

℞
Potass. citrat..... 3ij
Potass. acetat..... 3ij
Potass. nitrat..... 3ij
Liq. ammon. acet..... q.s. ad. 3iv
M. Sig.—Teaspoonful every 4 hours.

Diet: Milk diluted with equal parts of lime water should be allowed after vomiting ceases, and given in small quantities; but milk increast and lime water diminisht. If our patient does not develop typhoid symptoms, he will be convalescent within a week.

I am a young member of the WORLD family, and not much older professionally; and naturally I felt backward in prescribing for Dr. S. C. Chapman's case. However it did not seem a fair test. I left it to my elder brethren, and am somewhat surprised at the irregularity shown in their treatment. It seems to me that I would have given a hypodermic of $\frac{1}{4}$ of strychn. sulf. repeating every two hours, and anx-

iously watching and waiting (if possible) for the crisis, which is very near at hand as shown by the symptoms.

I enjoy THE WORLD very much, and think it the best and most instructive medical journal that finds its way to my desk.

O. C. HOPPER, M.D.

Scribner, Neb.

Editor MEDICAL WORLD:—On page 412, Dr. Kendrick, of Mississippi, gives us two hypothetical cases to treat. As one of the "allopath persuasion," I venture to prescribe as follows: For case No. 1: As this man is not vomiting, I would prescribe, as the fever subsides a tablet composed of calomel gr. $\frac{1}{2}$, ipecac gr. $\frac{1}{8}$, soda bicarb. 1 gr., also quinin gr. 5, every two hours, until I got the physiological effect of the quinin. I would continue tablet until I gave him 14 if they did not act too freely on bowels before he took them all. In connection with the foregoing, I would make a solution as follows: 24 granules of each of the following kinds: strychnin arseniate gr. 1-134, nitro glycerin (1 drop of one per cent. sol.), atropin sulf, gr. 1-250, aconitin gr. 1-134, dissolved in 24 teaspoonfuls of water. Give a teaspoonful every thirty minutes until the physiological effects of strychnin and atropin is obtained; then give just often enuf to keep up that effect. After two or three days treatment as stated I would put him on a tonic of iron, quinin and strychnin until well.

For case 2: I would give this man morphin sulf. gr. $\frac{1}{4}$ hypodermically; mustard over liver and stomach, keeping surface red for twenty-four hours. After vomiting is arrested, I would give calomel tablets same as in case 1, but give them every hour, until 14 are taken. I would give quinin 5 grs. every two hours, until full effect, then lengthen time of giving. I would give in connection with quinin, the sol. strychn. nitro-glycerin and atropin as prescribed in case 1. I would have this man's back rubbed with a liniment of chloroform, ammonia, spts. nitre dulc., oil sassafras, etc., and keep it red for twenty-four hours.

W. H. NEEL, M.D.

Mayfield, Kan.

Editor MEDICAL WORLD:—I would treat Dr. Kendrick's first case as follows: One Kenyon hepatic tablet every three hours until liver and bowels are active: four grains quinin sulf. every four hours:

℞ Solution acid iron dr. ij
Syrup.....oz. vj
M.Sig.—Teaspoonful every six hours in water.

Give 10 grs. sulfate of soda with each dose of above until the tongue is clean. In less than forty-eight hours the chills will be a thing of the past, and so will the malaria by the time the acid iron solution is all gone. In the second case he describes, I have had no experience.

Milan, Ind. DAVID C. RONEY, M.D.

Homeopathic Replies.

Editor MEDICAL WORLD:—With pleasure I respond to the challenge of Dr. C. Kendrick. For Case 1 I prescribe chininum sulf. (quinin!) for the following reasons:

1. Chill occurring daily at 10 a. m.
2. Chill succeeded by very high temperature, followed by profuse perspiration.
3. Notwithstanding these severe manifestations of constitutional disturbance, the general health of the patient remains unimpaired, he eats well, goes squirrel hunting, etc.

It is quite probable that a dose of a high potency of chininum will cut these chills off at once, and the cure will be permanent. On the other hand, if repeated doses of the crude drug be administered, the disease frequently is but suppressed, and the chills will either recur, or will produce chronic conditions which are absolutely incurable until the malarial miasm be eradicated. This is so much the case that in the treatment of chronic disease, if I find a history of malaria that has been treated by crude doses of quinin, I prescribe with reference to that fact—often with most satisfactory results. So much for Case 1.

As to Case 2: "Will you walk into my parlor?" said the spider to the fly." The fly was all right until he entered the parlor. Homeopathy is ditto until it enters the guessing field. Case 2 is a dangerously sick man, and will die unless the right thing is done immediately. Dr. Kendrick has not given data upon which to base a scientific prescription from our standpoint. Homeopathy is a science, just as exact as mathematics when the factors of the problem are obtainable. Now Dr. Kendrick propounds about thus:

"Homeopaths, how much is twice x?"

"Two x," we reply.

"But how much does it represent in dollars and cents?"

"Let us know what x stands for and

we will tell you," is the reply of all homeopaths who know their business. In other words, we cannot prescribe for case 2 without knowing the symptoms, modalities, etc., in minutest detail.

The Editor pronounces Dr. Kendrick's cases much fairer than the one I offered. So they may be from the old school standpoint; but not so from the homeopathic. In my case one essential point has been overlooked by a number of the old school correspondents. They assume that my case might recover without medical aid, or upon purely expectant treatment. Such is *not* the case. The general condition of the man, and particularly the character of the sputum, makes such hypothesis untenable. The batter-like sputum, gentlemen, indicates disintegration, the scales are strongly tipped toward the side of death, and without potentiated phosphorus his chances to live are *nil*! I make this *ex cathedra* statement because I treated many hundreds of cases of pneumonia in the mountains of California and know what I am talking about.

In conclusion, I do not doubt that Dr. Kendrick will induce many homeopaths to enter his little "parlor," and I only hope that he will detain them so that homeopathy may see and know them more forever.

S. E. CHAPMAN, M.D.

3838 Vincennes Avenue,
Chicago, Ill.

Editor MEDICAL WORLD:—For Dr. Kendrick's case of chill at 10 a. m., I would suggest natrum mur. 30 (Boericke's Tafel). Tablet at bedhour, dry. Not to be repeated while improvement continues; stop all other remedies, give this and this only. The symptoms of this case are not as complete as desirable; hence if not successful, give them more minutely.

His second case is somewhat obscure, but I believe he will find ipecac 30. the remedy; same dose and direction.

If a "Doctor's Daughter" will take kali bich. 30, a dose and not repeat while relief lasts, she will find her catarrh benefited or cured. Other remedies may be necessary to follow—as aurum cev. Let's hear from the case again.

THE WORLD is all right. All honor to the man who values truth above faction.

The flower's divine where'er it grows:
On Christian or on heathen ground.

EDWARD T. BALCH, M.D.
Santa Barbara, Cal.

Editor MEDICAL WORLD:—Dr. Kendrick's test case is seriously in need of some one bright enuf to stop his daily trips to the swamp, and removal from infection of plasmodium malariae, which is the probable cause of his trouble. This together with natrum muriaticum 6x would probably terminate what would otherwise be a prolonged case. A homeopath would see many more symptoms than those given, to indicate a remedy.

Richmond, Ind. T. H. DUNHAM, M.D.

Editor MEDICAL WORLD:—I have enjoyed reading the treatment of Dr. Chapman's test case very much indeed; but I shall enjoy more reading the treatment of Dr. Kendrick's cases. Like you, I think this test a much fairer one. Give Dr. Kendrick's case No. 1. natrum muriaticum, 6x, 3 tablets every hour until relieved. The chill will fail to appear on the second day. Have recently had two very similar cases in which this treatment was used with marvelous results.

Give case. No. 2. arsenicum alb., 3x, 4 tablets every hour until better, then every two hours.

C. E. SMOOT, M.D.

Richmond, Ky.

Editor MEDICAL WORLD:—For Dr. Kendrick's test case No. 1 I should refuse to prescribe if it were possible to see the case and learn more of the symptoms. If I could not learn more, I should explain the liability to err on account of meager report, but do the best I could by sending him *natrum muriaticum*. As to dose, I have heard of certain Colonists in a malarial district curing themselves with spoonful doses of *scorcht salt*. I do not doubt its action, but would prefer a potency, say the 200th.

Now what's the matter with this report? Here are symptoms enuf for a diagnosis; perhaps that's all a "regular" wants; but we homeopaths can't take life so easy. Chill, fever, sweat, coated tongue; I trow they mostly all have these, but what is there distinctiv about this case? The hour 10 a. m., the regularity of stages, and some of the tongue symptoms are good as far as they go, but we want more; and, Mr. Editor, we wouldn't even be satisfied with some single "key-note" symptom as you suggest. We want notes enuf to sound a chord, if not to play a tune. As the report stands, you might change the key by the addition of two or three notes

in relation to thirst, the effect of drinking, or of heat or cold, or other aggravation or amelioration. In each stage he either has thirst or he hasn't; and either fact might be a *chord* note, depending of course upon the other notes which must *chord* with it. Look at Dr. H. C. Allen's work on intermittent fever. Notice how carefully the symptoms are delineated under each heading: Prodrome, chill, heat, sweat, pyrexia; also type, time, aggravation and amelioration. Here you get an idea of what a symptom picture we require; and surely, if we can use all these symptoms, we have a right to know them even tho they may be meaningless to a "regular."

And believe me, a remedy thus carefully selected will cure either case the Doctor gives (the latter case demands careful bedside study), and cure in the smallest doses. The only cases that won't yield promptly to the right remedy are those which by the assistance or teaching of you "other fellows," are full of quinin, blue mass, Fowler's solution, etc., etc., which may have suppress the shake, but in no sense cured the disease. Here you have spoiled the symptom picture and added drug diseases to the natural. Pardon me, but it is true.

Union, Ore. A. W. VINCENT, M.D.

Editor MEDICAL WORLD:—A clearer description of these cases would enable much more accurate prescribing. No doubt there are symptoms in each patient not given. Case No. 1 "has had good health for a year past." What was his condition previous to that? Is he one of the chronic recurrent ague cases? Has he headache with the attack? and does it increase in intensity with the fever and sweat? Would like also to know *something* about the *thirst*. However, as it is not possible always to obtain *all we want* in regard to symptoms, we must do the best we know how with symptoms given. For case No. 1, I suggest *natrum muriaticum*, 30x potency, 10 drops in $\frac{1}{2}$ glass of water. After fever has abated, give a teaspoonful of this every hour. Or, if he is "going squirrel hunting," medicate a two drachm vial of disks No. 6; that is, pour into the vial filled with disks enuf of the 30x dilution to thoroly saturate the disks, and instruct patient to take two disks every hour; chew them up, not swallow whole. Case No. 2: Give *arsenicum alb.*,

3x potency. Directions same as for No. 1. Now suppose this fails? In that case I would give nat. mur. 200, and *arsenicum* 30x.

CHAS. B. PILLSBURY, M.D.

Duluth, Minn.

Editor MEDICAL WORLD:—Let Dr. Kendrick give his first patient nat. mur. 3x trit., 2 gr. powder every 2 hours, and I believe he will not only stop the paroxysms in a few days, but *cure* them.

Lebanon, Ohio. W. L. BROWN, M.D.

Editor MEDICAL WORLD:—In Dr. Kendrick's first case give *natrum muriaticum*.

DAVID M. FINLEY, M.D.

Clinton, Ia.

Editor MEDICAL WORLD:—On page 412 of October WORLD, Dr. C. Kendrick asks treatment for another "test case." You think it is a much fairer test than Dr. Chapman's. I beg to differ from you, so much so that for the present I hesitate to prescribe for it. Dr. C. gave us sufficient symptoms to enable us to select a remedy, even should he have left off the characteristic "sputum spatters when ejected"—even should he distinctly say that the patient has *not* that kind of sputa. (Answer to the Editor's query September WORLD page 384 and October WORLD 412.) Dr. K. does not give enuf. Suppose A. should ask me to tell him which two figures he has in his mind, of which the *sum* amounts to 25. I could tell him it is 1+24, or 2+23, or 3+22, etc., (12 different combinations, *no more*); but I could *not* tell him just *which* pair he has in his mind. Should I make a guess and hit the right answer, that would be by accident. I could not repeat the experiment. Just so with a homeopathic prescription. If we have not sufficient symptoms, we may prescribe or try one of several indicated remedies, but are not sure of the right one, until we have obtained additional symptoms (compare October WORLD page 432). So, in Dr. Kendrick's case we would ask for the following information: Where does the chill commence? head, feet, extremities, etc.; progressing downward or upward? Is thirst present or absent in each of the stages? If present, does patient drink little at a time and often, or large quantities? Is there any headache? If so, describe it. Are there

ringing or noises in the ears? Is patient drowsy? sleepy? or restless and moving all the time? Any trouble in breathing? During the heat, does the patient desire to be well covered (notwithstanding the heat)? or does he throw the covering off? Is the sweat general? only on some parts of the body? Are there any particular pains in any part of the body before the fever comes on? Are the lips or nails *blue* during the chill? Is the face red? or pale? Are the teeth chattering? etc. Besides, we want to know what is the condition during the anorexia. No complaint whatsoever? or else, what? Has the patient had a previous attack? If so, when? and what remedies were given? The answers to these questions can easily be obtained. Trivial as they may appear to the (so-called) "regular" physician, they are of great importance to the homeopathic prescriber.

Another difficulty in the case is this: The Doctor wants his case cured in twenty-four or forty-eight hours. We doubt that anybody, of any school or mode of treatment, can accomplish this. We can *suppress* the fever within that time, by giving large doses of quinin, but not cure it. If suppress, the fever will return within two to four weeks, more violent than ever before, and then it is much harder to manage. (The writer has had a sad experience in this regard.) *Suppressing* or *arresting* the fever is, however, no *cure*. A well selected homeopathic remedy *may* cure it within forty-eight hours, but this happens only in exceptional cases. In most cases homeopathic treatment will *not* stop the paroxysms at once; they will become gradually less violent, until they disappear altogether. Meanwhile, the patient's system will have been brought into a healthy condition, and, when the paroxysms stop, there will be less fear of a return. This is another reason why the test is not a fair one. We are called upon to do the impossible, which Dr. K. himself could not do. Arrest of the fever is no cure, and homeopathic treatment is never meant to suppress any disease or discharge.

In regard to the second case, we fail to see the great danger, should a third paroxysm come on. The man was previously in good health, has a slight attack, *eats a hearty meal at night*; and at 10 a. m. next morning has a severe chill, etc. He is delirious; (that happens often when patients have weak brains, so that the poison attacks

that weak point). Perhaps this is the cause of the vomiting, too, for his stomach was previously in good condition. Might not his hearty meal of the preceding evening, soon after the fever, have something to do with it? Might not indigestion have hastened the second paroxysm? At any rate, there is not a single symptom of pernicious fever. It is a simple intermittent with some concomitant symptoms, and is to be treated on the plan as the first case after a thoro examination. To prevent within a few hours the coming of another paroxysm cannot be done, unless by giving large doses of quinin to suppress the fever.

Dr. Chapman did not ask how to cure his patient within twenty-four hours; he only asked what to *prescribe* under these conditions to see if we were uniform in our opinions. If Dr. Kendrick would give an answer upon the questions mentioned above, and then ask what would be our prescription to start with in such a case, we would be enabled and willing to answer.

J. LOPES CARDOZA, M.D.

Brooklyn, N. Y.

Editor MEDICAL WORLD:—Probably you will find no homeopath to agree that the cases cited by Dr. Kendrick in October MEDICAL WORLD are fairer than those offered by Dr. Chapman as a test case. If the latter was insufficiently reported to give a fair image of the patient, those in the October WORLD are ten times more inadequate in symptoms. Probably most homeopaths would decline to prescribe for either of the malaria cases unless a fuller report of symptoms were available. The first case, according to symptoms stated, might need *carbo veg.*, *chin.*, *eup. perf.*, *gels.*, *nat. mur.*, *phos.*, *puls.*, *rhus* or *sepiä*. From the statement that the patient goes out after a few hours (probably about 4 p. m.), one might hazard *natrum mur.* to be the remedy; but would seek first for further corroboration in symptoms before prescribing.

One would scarcely dare even hazard for the second case, with no further knowledge than what is stated. All the more because the patient is desperately ill must the physician be sure to administer *the* right remedy, for he may not have a chance to correct mistakes. There are other symptoms present which have been unnoticed, or at least unnoted. It is precisely such details of differentiation that makes it impossible or difficult for the

"regular" to understand the homeopath in practise.

Some of the details desired for a full comprehension of malaria cases are: The precise succession of stages: chill, fever, sweat and thirst. Heat with sweat, or without, followed by sweat? Desire to be covered, or uncovered during heat? What other symptoms during the heat? *Chill*: What precedes? What symptoms are present during? *Sweat*: General, or limited to special parts? Offensive or not? Cold or warm? Occasioning relief or aggravation of symptoms, or making no difference? *Thirst*: For hot or cold; for much or little at a time? *Other symptoms*: During which stage? What symptoms during intervals of the paroxysms? Circumstances that modify (aggravate or ameliorate) the patient and his particular symptoms. If the case has already had drugs administered, account must also be made of how they have altered the case.

The above is written with no hope of proving anything in reference to the cases stated, but only to indicate how a homeopath individualizes every case of sickness, directing treatment to the patient in the sick state and not to the sickness by name, knowing that other patients with the same sickness (by name) may need other remedies, according to the individual type which they present. Six patients having malaria at the same time may require each a different remedy to cure the case, while in all the manifestation may be suppressed by large doses of quinin, to break forth again in chills or some other form.

Harrisburg, Pa. JULIA C. LOOS, M.D.

Editor MEDICAL WORLD:—In the test case offered by Dr. C. Kendrick in your October number, he has failed (as all men fail who have not made a systematic study of drug symptomatology) to give the finer symptoms in the case. It is plainly seen that the first case is one of intermittent fever, that it is of the quotidian variety, and that it is not a very severe case. But what a homeopathic student would want would be the answers to questions like the following: Is the paroxysm perfectly or imperfectly developed? Does he have vertigo, headache, yawning, stretching and a general sense of discomfort before the chill? Do the chill and heat entermingle? Does he have urgent thirst? and a variety of other questions present themselves to a careful

homeopathic prescriber that cannot be answered from so careless a description as the one we are to use as a test case. The second case is also clouded.

For the first case I would give him the 1x quinin bisulfate in 2 grain doses every 2 hours; and from the experience I have had with this disease, the patient would not have a recurrence of the attack the next day. There is quite a difference in the different preparations of this drug. We live in a river valley here where the fever is prevalent at different times of the year, and I must say the homeopathic 1x of quinin bisulfate prepared by Halsey Brothers, Chicago, has not failed me in a single instance.

The second case I would give pulsatilla 3x, from a rough estimate of the case after reading the Doctor's description. But to take either case for a carefully prepared prescription from the description given by Dr. Kendrick is an utter impossibility from a homeopathic standpoint.

If the wife of either of these male patients he has given us to prescribe for would visit my office and be unable to give me more information than he has given, I would give the first 1x quinin bisulfate, and the second (a case of remittent fever) the pulsatilla. But I wish to say that back of these two remedies I hold eighteen more remedies, any one of which might have been used accurately if the case had been given correctly.

Edgerton, O. C. E. HOOVER, M.D.

Editor MEDICAL WORLD:—The remedy for the two cases cited by Dr. Kendrick is quinin. In the first case smaller doses will suffice than in the second. The cases are malarial and correspond to our provings of china sulfuricum. Potency is not homeopathy by any means.

CHAS. J. POLLARD, M.D.

Princeton, Ky.

Editor MEDICAL WORLD:—Case 2 of Dr. Kendrick's is tolerably well described, so that I think I might venture to prescribe for it, altho it is a dozen years since I have seen any cases of chills worthy the name, and never saw a case of "congestiv" chills. In selecting the remedy it will not help us to consider that it is quotidian, as there are at least 73 remedies for that type, while we need but one; but it is a characteristic of this case that it is *anticipating*; for which the repertory gives

us thirteen remedies. It is also of the "pernicious" kind—18 remedies. "Intense heat with delirium," 19 remedies. Now, it is worthy of note that quinin is indicated by each of these symptoms, for it is a "similar," a "homeopathic," remedy, and strongly marked under one of these heads. Yet I do not believe it to be the similia, and consequently would not be likely to cure. It might suppress it and for awhile appear like a satisfactory cure; but it would most likely bob up again. The reason it is not indicated is that quinin does not appear under the heading "restlessness during heat," which is quite characteristic of this case; but we do find 35 remedies in the repertory having that indication in a greater or less degree. "Chill appearing at 2 p. m." is sometimes so prominent a feature as to be a leading indication, but quinin is not indicated by it, but 20 other remedies are.

The "vomiting" is not clearly defined, but apparently points to the remedy that I shall prescribe. Now, there are several remedies formed under several of these heads that have a fine reputation for curing "ague." Which shall it be? There is but *one* found under all the heads that we have considered, so the choice ought to be easy; and that is arsenicum; and that in a marked degree in almost every one. It also meets the other symptoms not characteristic; "scanty and high colored urine, constipation." If no important indications have been unreported, arsen. 6x or higher will promptly cure, given every two or three hours until better. I am much interested in such cases for the reason that Professor Younghusband told us that when it came to treating ague we would be obliged to give something more than "little pills," and his words ought to have great weight for he weighed 297 pounds. I did not like that dictum, but could not afford to be indiscreet, so for a number of years I treated my intermittents with quinin generally. That was many years ago, and we were not so well supplied with quick-firing aids to a diagnosis of the remedy. The case that gave me the most fame was one who had been in bed three weeks under the treatment of an old school doctor. A few doses of my quinin put him upon his feet in a few days, and he sent me numerous cases of shakes. But alack! in spite of faith and quinin he continued to have chills at intervals for eighteen months, and one day came to see me

and in a weak, despairing voice said he had the chills. He looked as if he had just arisen from his bed from typhoid fever, had constant headache, etc. Meanwhile I had been reading in my journal cases from practise related by the stricter wing of our school in which the superiority of the similar remedy was shown, and I had a copy of Douglas on Intermittents. So I looked up his case and with some fears for the result I gave him a two dram vial of natrum mur. 6, with directions to take three drops in a teaspoonful of water every three hours. I saw nothing of him for six weeks, when he reported that it acted like magic, curing his headache immediately and the chills likewise. About three weeks after he had a return of the headache, but one dose cured it. This incident did considerable for my backbone, and after I had one patient go into a typhoid condition with the quinin treatment from which he never fully recovered, I procured Bornninghausen's Intermittent Fever and prescribed accordingly. I wish I might say that I invariably cured my cases homeopathically after that. But *truth* is what we are after—*some of us*—and so I am compelled to state that I had still to resort to quinin sometimes. I believe, however, that I had the best reputation in the county for curing ague. I certainly studied my cases well, and usually succeeded. I remember that one spring nux. vom. cured the adults, invariably, while the chills affecting young children as invariably were of the ipecac type. Later in the season the type changed, and other remedies were indicated. I remember two cases in one week that were just alike, and when I saw the first one I did not know what to prescribe. She had urticaria, besides ague. So I consulted H. C. Allen's Intermittent Fevers, and found the remedy to be elaterium. This I found in the drug store, made a potency to suit me, and cured both cases promptly. Many years ago I read a report of some experiments of an army surgeon with salt in intermittents. It was this: "It has some antiperiodic powers, but much inferior to quinin." To me this was rank nonsense. When nat. m. is indicated it will make a beautiful cure; and when it is not indicated of course it will do nothing, and should not be given. Why not prescribe the remedy indicated? Now, it will not be very difficult to find homeopaths who have never given a dose of nat. m.; they can't believe in it.

Why? Because, bless you, they are made of the same kind of clay as other doubters are, allopathic, e. g. But you will find the sharp shooters giving it, and other remedies said to be inert, for the reason, good heavens, that they are indicated, and they produce results. I think somebody in THE WORLD was slandering carbo veg. Well, it is a remedy that I have seldom prescribed; but within a few months I have given it twice in potency with prompt results. Dr. Blank says when he can be convinced that a "part is greater than the whole" he will believe. Well, I have never seen him, and so won't bet, but I can convince *some* that small doses of quinin will have a better effect than ounce doses.

"Doctor, do you ever give a hypodermic?"

"Certainly; why?"

"Because you are a homeopath."

"Well, that is a queer reason."

"But you claim that your little pills are sufficient in all cases."

Do we? I must beg to differ; they are efficient only *when taken*; and sometimes the patient insists on having an opiate, and if there is any reason under the sun why I may not give one I would be pleased to hear it.

"My, my; we have always claimed that it was hypocrisy for you to use anything not homeopathic."

Yes, I know; it is one thing to claim, and another to prove the claim. Being only men, and not possessors of infinite knowledge, it must occasionally occur that we cannot do as we like; we find it difficult to select the remedy, or for some other reason we wish to employ means not homeopathic, but generally as a temporary expedient only. The better one knows his *materia medica* the less need of palliatives. Some of us use them but rarely, altho we have the same right to them that others have; and if you are just and fair you will no longer claim as aforesaid.

A. F. RANDALL, M.D.

Port Huron, Mich.

Homeopathic Reply to Queries.

Editor MEDICAL WORLD:—Replying to your invitation to discuss Dr. Young's case of obscure stomach trouble (September, WORLD, page 389), I beg to suggest a remedy from a homeopathic standpoint. A practical demonstration of the efficacy of a drug in a bona fide case of sickness

will of course be far more convincing than any number of prescriptions for a hypothetical case. Seen thru homeopathic spectacles, this case seems to require kali bichromicum; and were I attending same, would unhesitatingly prescribe it and expect a speedy relief of all symptoms described by Dr. Young. Incidentally I wish to remark that Dr. Loope's case (page 394) seems to me to be typical of sanguinaria. Should either or both of these gentlemen desire to put the matter to a test, I will cheerfully forward the remedy in proper potency with directions.

LESTER E. WALKER, M.D.

Norwich, Conn.

[We wish to say a word of commendation for this practical way of presenting homeopathic treatment. We have had about enough theory and argument on both sides. Now is the time for practical work. We wish to emphasize the fact that our Quiz department is as freely open to our brethren of the homeopathic and other "irregular" schools, as to our own "regular" brethren. Neither homeopaths nor "regulars" can be injured by earnest and honest efforts to help each other; and the same is true of eclectics, etc. We want with us those in all "schools" who are not afraid of inter-sectarian help. This may lead to a non-sectarianism which will include the best in all sects. A practical way to get at this is for brethren of all sects to present their puzzling cases to this department, and brethren of all sects to offer help.—Ed.]

Editor MEDICAL WORLD:—I would suggest that Dr. Cushman (on page 391) look out for heart lesions in his case of regurgitation of food. Would advise Dr. A. C. L., of Kentucky (page 393) to try aqua creasote in ounce doses just after meals. Be sure that it be prepared from best beechwood after U. S. P. Persist not for weeks, but months, and he will likely get good results.

J. T. KIMSEY, M.D.

Bloomington, Mo.

Peculiar Form of "Vertigo."

Editor MEDICAL WORLD:—Your mailing list will show that I have been for many years a reader of THE WORLD. I desire to present a few symptoms, asking for a diagnosis. I can't give many symptoms because very few are present. Patient: American, male, minister for forty years. Two years on retired list. Age 67 years,

9 months. Has always enjoyed good health; sick but little; always good appetite; digestion especially good. Could eat anything at all times and never suffer any ill effects therefrom. Bowels and kidneys very regular, and very responsive to medication. Complexion clear and good always. Used to active outdoor life. Ever a good sleeper. Twenty-five years since he had an attack which the present recalls. That was simply a sensation of falling while standing, such as caused him to ask a bystander to catch him. It past off in a few moments and was almost forgotten, and called vertigo. In 1889 he had a succession of attacks while lying down, which lasted for about a week. These attacks were more severe at first, and gradually grew less pronounced till in about a week they ceased. No further trouble till September 14, about one a. m., after having slept and rested well previous portion of night. Two days previously had suffered from an acute attack of dysentery, which was relieved and he was at work the day previous to attack. These first attacks never presented except while lying down and on turning from right to left. Never present while standing, nor sitting; nor upon lying down nor rising from recumbent position. Could not lie on right side. No effect on vision; none on mental faculties. As far as patient knows, he was well in other respects; appetite not diminished. Sleep was good without an attempt to turn over. No difference in pupils; no numbness, no premonition. Some nausea at time of first attack, but only with more severe ones. Free use of bromids thought to give some relief. Recovery was prompt and complete without a return for twelve years. These attacks consisted of a sensation, or feeling, or impression that the bed was rapidly turning upside down, on top of him, nothing more nor less. Was so marked that patient would grasp the bed railing or mattress and hold on to it for some time. This sensation past off in a few moments and did not return unless he attempted to turn from right to left. He would involuntarily grasp the bed and could not release his grasp till sensation had past away. The sensation accompanying attacks on September 14, 1901, presented as said after a day's work as life insurance canvasser. He retired tolerably early and rested and slept well until one a. m., when he awoke and attempted to turn from right to left, when he felt as tho

the bed was suddenly turned bottomsided up, on top of him. Now it was twelve years since last attack. This was more severe, and was just as often repeated, as any attempt was made to turn or to rise, or if standing, to lie down again. It was frightful and very unpleasant, creating a sensation of impending dissolution, a constant anxiety and a foreboding of evil. These attacks are continuous till to day, twenty-one days. They are lighter, and never present while sitting, standing or walking, but come on when lying down, or turning from right to left or on rising from recumbent position. Can't lie on right side. After he gets down on left side, sleeps well. They are very much lighter than at first, and somewhat changed. On rising the sensation of "just flopping over" is not so marked, but one of turning round; and any stationary object the eyes may rest upon waves up and down till he gets straight, then all is over till he lies down again. The sensation of everything turning upside down is now more marked on lying down than on arising.

No difference in pupils. Tongue I think pushes a little to right. Nothing else discoverable by me to aid in diagnosis. One to look at him would call him a well man and a hale and hearty one for his age—very grey. Arcus senilis not marked at all. Only other condition which gives any concern is weakness—easily fatigued. Would like to have pathology and diagnosis, and some suggestion as to what and where to read to enlighten one's self on group of symptoms.

W. H. LANCASTER, M.D.

Lockhart, Texas.

[Despite the fact that your patient does not complain of indigestion, we are certain that he has it at times of attacks. The diagnosis of vertigo is plain, but the treatment and pathology must necessarily, in the dearth of symptomatology, be more difficult. Vertigo being only a symptom and not a disease, is treated empirically or only successful after learning the true cause, or by chance. It is often found in its severer forms in connection with vaso-motor disturbances or angio-neurosis. It is occasionally found in plethora and universal vascular engorgement conditional upon cardiac hypertrophy or endarteritis. It is occasionally noted in anemia and after hemorrhage, and idiosyncratically in debility from any cause. It may be an aura of epilepsy, or occur from

disease or injury to the ear. It is a pretty constant symptom of intra-cranial disease, especially the inter-cerebellar aneurism. It is often found in combination with various gastric and intestinal functional disorders. It is treated empirically by bromids and nitro-glycerin. The possibility is that your patient may have been mistaken in regard to his former attacks being identical with this. It does not appear that any definit information is given on this point. Better go over the patient again. We hope that we have suggested something. The gradual amelioration of the symptoms would be against the probability of any advancing organic disease.—
ED.]

Peculiar Condition Following Grip.

Editor MEDICAL WORLD:—D. A., aged 49, 5 feet 7 inches in height, weight from 105 to 115 lbs. (family all lean), teacher by profession, has been always of weak, nervous organization, with weak and irregular heart action, but with no apparent organic trouble. Has always been unable to bear any great exertion. Had typhoid fever 45 years ago; has had no serious illness since. Has suffered from constipation for the past 10 years.

Last January had an attack of grip, brought on by letting his back become chilled thru. Had characteristic fever for seven days, then slowly recovered his usual health. Four weeks after the first attack, he let his back become chilled again and the grip came back. Recovered in three weeks, but a few days after he had, from the same cause, a second relapse. This was followed by marked debility; had night sweats for two months, and for the past three or four months he cannot bear to have the least breath of air blow upon his back, as it brings on a "spell." The sensitiv place on his back appears to be in the spine just above the lower points of the shoulder blades. The first symptom of his back being chilled is that his ears begin to ring louder and louder, until finally (unless the back is quickly warmed) it throws him into a fever; also this chilling of the back will cause a fermentation in stomach and bowels, causing them to become painful by the distention of the gas formed. These spells take place every night when he goes to bed. Sometimes it causes his head to burn so that he has to lie propt up in a chair for a couple of hours, when it will

pass off, and he will rest comfortably until the next night. He has the worst spells if he allows himself to perspire, then chill afterward; but he evades this by drying his person and changing his undershirt sometimes three or four times in a night. He has his back vigorously rubbed with a ruf towel while changing his undershirt, for he feels that a thoro chilling would produce very dangerous results.

The remedies that have been tried and proved worthless are as follows:—static electricity applied locally; and the following drugs: mercury, arsenic, strychnin, opiates, quinin, hyoscyamin and duboisin. The only thing that appeared to benefit was to use onions freely as an article of diet.

The spells are worse when the bowels are constipated. Beer appeared to relieve for awhile, but soon lost all its virtue. The curious part is that so slight a chill to the cord will cause the ears to ring so hard, and the stomach and bowels to swell up. There is no particular pain or feeling in the cord, only that the one spot is so sensitiv to cold.

The dozen doctors who have examined him give a dozen different kinds of diagnoses, tho all think it is thru the great sympathetic nerve the trouble comes, while I think the trouble lies directly in the sensitiv spot I have described.

Howard, Kan., R. V. PEARCE, M.D.

[Recovery of normal health and strength after grip is frequently very slow and tedious, with frequent "ups and downs" in spite of vigorous and various medication. The thing to do is to court nature, and give her plenty of time. Rest, both mental and physical, with proper hygienic environment, is essential. A generous dietary, with proper attention to the digestiv organs, is important. Sunshine and fresh air should be courted. With this as a basis, carefully prescribed exercise and occasional medicins of the chalybeate and reconstructiv class, will perhaps help. For the above mentioned case, we would suggest a pad consisting of several thicknesses of flannel, to be worn constantly, day and night, over the sensitiv part of the back, and a similar one to be worn over the solar plexus. Vigorous rubbing of both these parts morning and evening, is also suggested—indeed dry rubbing of the entire body would be beneficial. And don't forget the advantage of the ingestion of plenty of pure water. Even under the

most favorable conditions, don't be surprised if the building up process is slow, following grip.—Ed.]

Scarlet Fever.

Editor MEDICAL WORLD:—I desire the latest and most successful treatment in scarlet fever; both as to constitutional remedies, and internal and external applications for the accompanying throat troubles.

What of any of the preventives, such as the tr. belladonna, sol. sulfite of sodium, etc.?

Also, is there any virtue in fumigation by formaldehyde as a destroyer of the germs?

A discussion of these subjects would be very appropriate at this time, on account of the disease prevailing in this and other Southern states.

E. S. HARRISON, M.D.

Thompson, Ga.

[Will "the faithful" kindly take this subject up for discussion immediately?—Ed.]

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

The following formulas have been asked for:

HINDS'S HONEY AND ALMOND CREAM.

According to Mr. Geo. H. Rose (Druggist's Circular) this preparation may be practically duplicated by the following formula:

Ointment of rose water..... 5 parts
Oil of sweet almonds 5 parts
Glycerin 5 parts
Boric acid 5 parts
Solution of soda, U. S. P..... 12 parts
Mucilage of quince seed,

(2 drs. to 1 pt.) 25 parts

Water, sufficient to make.....200 parts

Oil of bitter almond and

Oil of rose, of each sufficient to perfume.

Heat the ointment, oil and solution of soda together, stirring constantly until an emulsion is formed; then warm together the glycerin, acid, mucilage and about 150 parts of water; mix with the emulsion, stir until cold and make up to 200 parts by adding more water. Lastly, add the perfume.

Apropos of "what is in a name," it will be noticed that the preparation here proposed con-

tains no honey at all. It is probably all the better for the omission.—New Idea.

ESPEY'S CREAM.

The following formula, said to be similar, is given in Druggist's Circular:

Take of—

Cydonium 1½ dr.
Boric acid.....4 gr.
Glycerin.....2 oz.
Alcohol.....3 oz.
Carbolic acid.....10 gr.
Cologne water.....2 dr.
Rose water to make 1 pt.

Dissolve the boric acid in four ounces of rose water, macerate the cydonium in solution for three hours, press thru straining-cloth, add glycerin, alcohol, cologne and sufficient rose water to make one pint. Lastly, add the carbolic acid and shake well.—Secret Nostrums and Systems.

Editor MEDICAL WORLD:—Please give formula for "Big G" and oblige a subscriber.

W. NELSON GILES, M.D.

Rio, Illinois.

"Big G" Injection.

A correspondent sends the following, which he says yields a preparation almost identical in appearance and effect:

§
Berberine hydrochlorate..... 15 gr.
Zinc acetate 15 gr.
Glycerin 4 dr.
Water, to make..... 8 oz.
Mix.—

—Druggist's Circular.

Care of Instruments.

Editor MEDICAL WORLD:—Please let us know thru your query column what is the best way to keep uninjured by time, such things as gum catheters, stomach tubes and syringes. Also how to keep hypodermic needles to prevent their rusting. The money thus lost to the profession each year in the United States would build a college.

J. EWELL, M.D.

Ruckersville, Va.

[There is no method of indefinitely prolonging the life of soft rubber instruments or appliances. Rubber seems to have a life of its own, and if well taken care of, lasts longer in use than when lying idle. Oil or grease should never be allowed to touch rubber, unless it is expected that the instrument will soon be discarded. Soap is the least harmful lubricant, but glycerin is not so fatal as oil, and is always to be preferred. Small rubber instruments are best kept in talc

when idle. All tubing should be coiled smooth and laid flat, or hung so that it will not be pressed upon by any other object. Syringes are best kept hung on the wall so that the tube drops straight its full length. Extremes of heat and cold will ruin rubber; it is very easily frozen or burned. When you are thru using your hypodermic, run a few loads of water thru it and at once unscrew the needle and lay it on a stove or lamp till hot. It may then be dropped in a vial of sweet oil; it will not rust, and it will work when you want it again. We use a four dram homeopathic vial which drops nicely in the upper vest pocket. Some practitioners use a solution of washing soda in water; this will absolutely prevent rusting, but is apt to clog the needle. A little care will prolong the life of any of the articles mentioned, if it is given at the proper time. It is no use to heat a needle after you have returned home.—Ed.]

Electrolysis.

Editor MEDICAL WORLD:—Please give electric treatment for red nose in man who does not drink?

Electric treatment for varicose veins, bad; am afraid to puncture on account of embolism.

Have three works on electricity; while they state general effects of the poles and current, do not state specifically.

New Castle, Pa. A. M. COOK, M.D.

[We quote from the latest and best work on such subjects, Cohen's System of Physiologic Therapeutics, as follows: "The condition of angioma consists in a hypertrophy of blood vessels or an increase in their number, or both, and is best treated by means of electrolysis. It is certainly a most tedious task to attempt its complete removal by the use of one needle, altho success will crown patient persistence. It is necessary to have half hour sessions daily, and for that reason a more rapid method is preferable. This consists in the employment of a negativ electrode carrying from ten to twenty needles. Necessarily, a current of greater intensity is required, on account of its dispersion thru so many needles. With an electrode carrying ten needles a current of thirty milliamperes must be used, and if there be twenty needles, the current strength should be forty milliamperes. In these operations, as well as all those in which the electrolytic action of the current is utilized, care must be taken

not to produce scars. With the multiple needle electrodes, no single application should last more than six seconds; and when a single needle is employed, two or three seconds should suffice. It will be found that these short applications will prove efficacious if the needles be driven in, so as to lie within the stratum mucosum of the skin." We would suggest that you be chary in tampering with a bad case of varicose veins by electrolysis, unless you state plainly to patient and family the dangers which you and he must brave. While you will find Cohen's System one of the best, we do not feel that you will find great encouragement in it to tackle such cases as you seem to have.

Regarding the red nose, we presume you have a case of acne rosacea. If so, the author says: "In this affection most positive good results follow the proper use of electricity. In the first or hyperemic stage the treatment as detailed for acne may be sufficient, accompanied by the necessary general and local measures. Of much greater efficacy is labile anodal galvanization." For further particulars consult the above mentioned work (P. Blakiston's Son & Co., Philadelphia).

We are not able to give you the specific directions askt for. You understand something of the nature of the agent you purpose using. If you take it from the wire directly, you must have a current controller. We cannot describe such operations minutely. Better for you to purchase books suited to your needs.—Ed.]

Pimples on Forehead.

Editor MEDICAL WORLD:—Young man, 19 years old, has had a breaking out of little red pimples on forehead since he was 3 years of age. Worse in winter than in summer. Not sore nor painful to the touch. At times when very hot the entire forehead is covered with the pimples, looking red and angry, but not painful in any way. Has tried quite a number of different lotions and ointments, but to no purpose. Will some one please give diagnosis and treatment thru the columns of the old reliable MEDICAL WORLD? Also give sure cure for freckles, if known.

Verona, Mo. J. W. ROBINSON, M.D.

[Bathe the forehead with water as hot as can be borne for ten minutes twice daily, and follow with vigorous friction with a coarse towel. It is only permissible to use soap in small quantities, and

then only the best. We prefer the green soap of the U. S. P. After the friction and drying, anoint the forehead with the following ointment:

Sulfur.....	1 dram
Oil cade.....	1 dram
Lanolin.....	1 ounce
Calamine.....	2 drams
Mix.	

If the patient use friction vigorous enuf, he will probably induce enuf cutaneous irritation to cause complaint of soreness; but a day or so of suspension of treatment will remedy this. We always allow them to do this, since they are certain to rub too lightly if cautioned previously to taking a few treatments. Your patient, of course, treats himself, but the cure of such disfigurement and annoyance is worth a good stiff fee. You have evidently to deal with a case of clogging of the excretory cutaneous ducts, and no application can ever do good unless accompanied by measures which will dissolve the fatty accumulations, and permit the dilated ducts to assume their normal caliber while being soothed by the indicated remedies.—Ed.]

How can This Man Gain Flesh?

Editor MEDICAL WORLD:—I have to thank Drs. Currier, Marks, Halliburton and the Editor for their suggestions on treatment of painful movements of the testicles. The salix nigra is something I've never before used in my life, but the patient is at present taking the fluid extract, as hinted by two of the consultants above mentioned, and I will later report. Now another for your many readers:

A professional man, aged 53, would like to take on flesh; was never stout; indeed spare, tho fairly healthy; some years ago he met with an accident, and being worried by rest and enforced absence from business, he went down considerably in flesh, as many do when compelled to lay off, tho possibly not sick enuf to be indifferent. This case has a fair appetite; eats no pie nor rich pastry; uses meats sparingly, tea the same way, rarely coffee; bread, butter and porridge form the bulk of food taken. Takes a fair amount of exercise, neither smokes nor drinks intoxicants, and is married. Should weigh thirty pounds more than he does. So far as medical treatment goes, iron has never been satisfactory; cod-liver oil as well; both being apt to derange the stom-

ach; maltine preparations do better, but the patient inquires for something to his daily food that will meet the case and make him look like he was being fed properly. We frequently see in journals "ads" setting forth that there are plans to enable all from age 18 to 85 to put on flesh. Surely THE WORLD or its readers can suggest what may probably meet this case. I may state farther, in anticipating a query from some reader, that he occupies the same bed with his own wife (indeed this is a very common thing on this side of the line); but intercourse seldom occurs oftener than once in three or four weeks. Should the foregoing history be data sufficient, I will await the pleasure of some thoughtful readers. ONTARIO.

Editor MEDICAL WORLD—Would you kindly give information on the following? viz.: Where can I find tables of saturated solutions (aqueous) of such drugs as boric acid, alum, etc.? Does the U. S. Disp. or National Disp. give them?

In a recent number of THE WORLD you give directions for making a smooth alum ointment. How many grains to the ounce do you use?]

Does the U. S. Disp. contain the National Formulary same as the National Disp.?

Pittsburg, Pa. J. D. McCaffrey.

[On account of the general interest in such compilations, we will publish in an early issue a table taken from Remington's Practise of Pharmacy, publishd by J. B. Lippincott Co., which will be valuable to those not possessing this work. You may use the alum prepared as we directed in any indicated or desired strength. The U. S. Dispensatory contains the National Formulary. We will answer any other questions you may ask at any time, but remember THE WORLD expects to be compensated by a good article from your pen. Reciprocity, you know.—Ed.]

Condition Following Meningitis.

Editor MEDICAL WORLD:—Have been consulted for the treatment of a babe two years old. Babe had spinal meningitis when five months old; since then has never rested well at night; often does not sleep more than two hours in twenty-four hours. Seems very fretful. At times has attacks of rigidity of the muscles of the whole body. Does not have good control of its self; eyes have a dancing motion the whole time. Tongue coats often; then a

purgativ is given and tongue will clear for a while. Will not eat solid food at all, milk being the only food taken. Seems to be very poorly nourisht. Has been cutting teeth; and during the time bowels have given some trouble, with some fever. Would be pleased if some one would give treatment that would cause babe to rest at night. Tell us what we may expect.

W. W. LATHAM, M.D.

Archer City, Texas.

[Do not give the purgativs periodically, but use some mild laxativ all the time until you get the system in better condition. The milk probably disagrees with the child and causes constipation and biliousness. As it improves in health it may be coaxt to other liquid or semi solid food, and finally to regular table food. Doubtless the derangement of the gastro-intestinal tract has been aided by the purgativs; why will physicians not use the milder drugs and use them oftener in cases like these? Once the evacuations are properly adjusted, turn your attention to the diet and digestion. Try free use of lime water and of pepsin in some form; probably the essence would be good as any; you will also note in our advertising pages several excellent digestivs, any of which will fit the case. When this is done, we do not believe you will need nerve sedativs nor hypnotics. If, however, the nerves yet remain unsettled, use the milder calmativs, such as lupulin, valerian, pulsatilla, etc., rather than the bromids. If you are forced to use hypnotics, chloral in small doses will probably be the best. A general system of hygiene should be kept up. Have the milk taken slowly, at proper intervals, and in suitable amounts. Bathe with tepid water before going to bed. The use of gentle currents of electricity along the main nerve trunks and over the spine may do much. An accurate prognosis in such cases is never possible, but you should be able to do much for this child if you persistently follow the suggestions we have made.—Ed.]

Editor MEDICAL WORLD:—Please tell me the best method of reducing flesh? I desire to treat myself, as I am becoming too corpulent.

I. B. ARCHER, M.D.
North San Juan, Cal.

[We cannot reply in this issue, but we will present a synopsis of all the successful methods, or give foundation principles

and comments, in an editorial which will appear in the next or its succeeding issue. There are a number of commended plans, but to elucidate would take time and space which we cannot give in this issue. —Ed.]

Gastritis.

Editor MEDICAL WORLD:—I want help on the following case: Female, 30 years old, six children, last child born three years ago; general health good. Had severe attack of grip in February, 1901, and has not had a good appetite since. There is always a bad taste in her mouth. She has "water brash" and nausea. The regurgitation is so acrid as to scald the mucous membrane of throat and mouth. She had dysentery in May in a violent form which covered a period of five weeks. At the present time she expectorates a glairy fluid which will some days fill a half gallon can. Her normal weight was 135 pounds; it is now 80. She is anemic, and her feet and face swell badly. She has vertigo severe enuf to blind her completely for the time, and this is followed by intense headache. Her family history is good. Mother died of dropsy at age of 56 years; the father of pneumonia at 66 years. She has run the gamut of all the treatment I know. I would like to hear from the Editor and my brother physicians. I love THE MEDICAL WORLD and also my patient, as she is my "better half."

Norwood, Ga. R. D. NASH, M.D.

[Doctor, you have our profound sympathy. See that your wife bears no more children for five years. She has chronic gastritis, which may be the primary and sole cause of her trouble, or may be secondary to cardiac, hepatic, or renal complications. Examin her urin yourself and have some other good doctor examin it repeatedly till you are sure there is neither albumin nor casts in it. Put her on rigid diet. Send the children away, or put them under the care of a nurse who will let her see or hear them only when she asks. Refuse enuf practise to allow you to see her every few hours, day and night; but forget sexuality. If necessary, put her to bed and under the Weir Mitchell treatment. Of course you must give her digestants, and the elixir lactated pepsin, 80 grains to the ounce, will probably be best. Alkalies may be necessary, and any of the effervescent

lithia salts will do. Give her massage and alcohol sponging. Never allow her starchy foods. Give her bromid of strontium, strychnin, and valerian in mild and frequently repeated doses. Nurse her much and dose her little, and you may send us an invitation to the golden wedding. If you can exclude renal, cardiac, and hepatic complications, your wife will get well. We have seen great success follow a course of rigid dieting and faithful lavage, and you can do this as well as any specialist. We will be glad to hear from the case later.—Ed.]

Factory and Mine Practise.

Editor MEDICAL WORLD:—Will you kindly print in the columns of THE WORLD the plan on which factory and mine practise is done where the doctors draw their fees thru the company's office? Also the amount that both single and married men usually pay? Do the employers of the men get a per cent. of the fees? If not, what advantage is it to the company to pay the doctors thru their office? I am a new born son in the WORLD family. I like our WORLD very much. Why not charge two dollars and print twice a month? We don't need the index? It reads like a story from beginning to end. Illinois.

E. P., M.D.

[Single men pay 50 to 75 cents a month into the office. Married men pay 75 cents to 1 dollar a month. Surgery and obstetrics are extra, and are paid for at reduced rates previously agreed upon. The doctor gets his money thru the office from cash withheld from the men. Sometimes pay the doctor all they collect; others pay him \$1,200 or \$1,800 a year, and perhaps collect twice or three times that. Some doctors furnish the medicine, and use tablets exclusively; others write prescriptions altogether, and furnish no medicine. It is a decided advantage to the company to have a "company doctor," since he is in duty bound to stand by them in suits for damages from injury, and they are in no way liable for suits for damages for any malpractice on his part. Take our advice and bind your WORLDS (in WORLD binder) and keep your index. A year or so from now you will be asking us to look up something you read in an old WORLD, you will want it immediately, and we will be busy and you won't get it for a month.—Ed.]

"Our Native Herbs."

Editor MEDICAL WORLD:—I inclose clippings from our local papers regarding a nostrum called "Our Native Herbs," with request for its composition. It seems to me to be 95 per cent. aloes. It seems to have a wide range of usefulness, all the way from neuralgia to stomach trouble. But as I treated the local agent for heat exhaustion during the hot spell, I suppose it will not cure that. INDIANA.

[We have seen and tasted "Our Native Herbs," but there is no analysis possible, and we do not know positively what it contains. It is evidently a purgative combined with tonics. It is brown and bitter, and very suggestive of condition powders for horses. It is not anything new or wonderful, and you can duplicate or improve upon it by compounding powdered gentian, licorice root, aloes, snakeroot, etc. It may be well to incorporate some aromatic powder and some powdered nuxvomica. There is never any thing wonderful in such compounds except their promulgator's nerve in claiming miracles.—Ed.]

A Point in Ethics.

Editor MEDICAL WORLD:—I would like to have the brethren give their opinion as to the ethics of the following: A party goes thru the country selling county rights to the physicians for a hemorrhoidal treatment. The party purchasing a right is not allowed to go out of his county to treat a patient, but the patient can come to him. I have such a condition to contend with. I had an opportunity to buy, but not being entirely satisfied as to its being the correct thing to do, I let the opportunity pass. My county and the adjoining counties are all taken up; and being peculiarly situated, right in the extreme corner of one county, where two more counties connect, I have *three very lively men* to contend with. I do not hesitate to say that the said treatment is way ahead of anything I have yet seen as a curative agent; the patients do not have to go to bed at all, and they are not recording a single failure. Their fees are very attractive, also, and are paid in advance. One of the physicians told a friend of mine a few days ago, who was suffering from nothing more than pruritus, that he had the piles; and that he (the physician) made a specialty of rectal diseases (he had only bought the right the day before,

which shows how soon a specialist can be born in these days of swiftness), and would guarantee a cure. Is there no way in which we can ascertain what this solution used is? The solution being the only secret about it, I would appreciate the Editor's personal opinion and also a free discussion from the brethren.

J. A. MELDEN, M.D.

McCormick, S. C.

[There are sharps working doctors continually with all sorts of schemes for hemorrhoidal treatment over every section of the country. It is generally a method of hypodermic puncture of the tumor, and the injection of a mixture of oil and carbolic acid or of glycerin and carbolic acid. We can give you the ordinary proportions of such mixtures and the method of using them, if you wish. Our advice is to let them all alone. In truth, the injection of these drugs will cure most cases of hemorrhoids, but there are frequent deaths from hemorrhage and gangrene and blood poisoning, and the agents have fittid, and the victimized doctors generally need to seek another climate for their health! The more carbolic acid used, the quicker the cure and the higher the price askt for the "secret," and the more frequent deaths. The "secret" is no secret at all. Of course there are numerous ointments strong in morphin, tannic acid, and cocain, which will make the sufferer avow his complete recovery in a few hours, and there are "no failures recorded" if the dope is used strong enuf and long enuf. We hope to get an editorial in this issue containing a synopsis of treatment for hemorrhoids, giving the views of the best authorities in the world. Stick to honest medicin, or quit medicin altogether.—Ed.]

Editor MEDICAL WORLD:—Mrs. D., age 79, has for twenty years, during the hot months, had a breaking out resembling heat, but the itching and stinging sensations are like needles sticking the skin. This seems to be worst on the joints. Complains of cramps, in any portion of the body. Suffers from constipation, and has grown weak of late. Rest at night is not good, which at times is due to the itching.

Second case:—Baby ten months old. Seems to be in perfect health, fleshy, playful during the day. Kidneys do not act well, sometimes not more than once or twice during twenty-four hours. When kidneys do not act during the night he becomes very restless and cries while seemingly asleep; when kidneys act he gets quiet.

W. W. LATHAM, M.D.

Archer City, Texas.

[For your first case we would suggest bathing the affected parts with a sponge wet with a saturated solution of hyposulfite of sodium, and follow by some good dusting powder. Regulate

her bowels and look up the condition of the urin. Caution her as to overeating; most people eat much more than they actually require. Settle her nerves by fluid extract of valerian, and we think you will gain rapid improvement. It is possible that her trouble is a cutaneous pruritus due to nerves, but in any event the valerian will be found beneficial. (2) Examine carefully for any bodily malformation, such as adherent prepuce or contracted foreskin, which may be causing an irritation which leads him unconsciously to retain the water till he cries with the pain. Get some of the urin, and test its specific gravity and reaction. We would give him water to drink frequently thru the day. We would give him several spoonfuls of a strong decoction of pumpkin seeds daily. We occasionally have good success with sweet spirit of niter in small frequently repeated doses. The trouble is either in some local condition about the penis, or will be found in irritating urin.—Ed.]

Our Monthly Talk.

Our third martyred President has been buried. He was noble, pure and patriotic. His work is finisht. We remain, and our work is unfinisht. Our first martyred President (Lincoln) was the victim of the bitter partizanism that raged during his time; our second (Garfield) was a victim of the spoils system, having been shot by a disappointed (and unbalanced) office seeker; our third (McKinley) was a victim of the enemies of government—anarchists. Do not these sad and calamitous tragedies impress important lessons upon us?

The dangers of partizan hate are familiar to us. It has diminisht since Lincoln's time, and we trust that it will still further diminish, if not entirely disappear.

The dangers of the spoils system are many. Not only are the lives of presidents and other appointing officers endangered, but our public service is injured by this pernicious system. By means of our Civil Service laws, the evils of the spoils system have been greatly diminisht since Garfield's time, but we have much yet to do in this direction.

Anarchy, as a real and tangible danger to the government, is a new danger in this country. Truly we have heard more or less of it for some years past, but heretofore we have not regarded it as a threatening danger to government as we have it in this country. Now that it has raised its ugly head, the duty of dealing with it is an urgent one, and the memory of the tragedy at Buffalo, and the dead form of President McKinley, should inspire us to take up the work.

How shall we do it? First we must learn what anarchy is, and how it is propagated. We all know that an anarchist is one who is opposed to government. But why? If government were always beneficent, if it always exacted justice, if it always protected the weak against the strong, if it never was guilty of oppression, if it always gave equality of opportunity, none would be so insane as to oppose it. Government should do all these things; and the most certain way of

eradicating anarchy, and perhaps the only way to do it completely and permanently, is to make government what it ought to be.

Our Task.

This is our task—our task, for we in this country have the opportunity of making our government just what we wish it to be. Failure to perform our task well is not a compliment to self-government. The results, particularly the humiliating occurrence of Buffalo, prove that we are far from the completion of our task. But this is not the only humiliating showing. In a speech at Chicago, on September 22nd, Senator Dolliver, of Iowa, said :

"It ought not to be forgotten that conspirators, working out their nefarious plans in secret, in the dens and caves of the earth, enjoy an unconscious cooperation and aide-partnership with every lawless influence abroad in the world. Legislators who betray the Commonwealth, Judges who poison the fountains of justice, city governments which come to terms with crime—all these are regular contributors to the campaign fund of anarchy.

"That howling mass, whether in Kansas or Alabama, that assembly of wild beasts dancing in drunken carousal about the ashes of some negro malefactor, is not contributing to the security of society; it is taking away from society the only security it has. It belongs to the unenrolled reserve corps of anarchy in the United States. The words which come spontaneously to the lips of William McKinley, as he sank under mortal wounds and saw the infuriated crowd pressing about his assailant, ought to be repeated in the ears of the officers of the peace from one end of the land to the other, in all the years that are to come—"Let no one hurt him; let the law take its course."

Yes, let the law take its course; and in this instance the law has taken its course, promptly and efficiently, for the assassin was tried promptly and fairly, and promptly and legally disposed of. But in the majority of cases, both criminal and civil, the delay and uncertainty of the law is proverbial. This delay and uncertainty is responsible for much lawlessness. In Dickens' time the laggardness of the law in England was much worse than in this country at the present time. The graphic showing of this evil in some of his novels effectively called the attention to this evil, and it was corrected. Now justice is far more swift and sure in an English court than in the average American court, and they have no lynchings there. When the judge on the bench does his duty promptly and efficiently, Judge Lynch will go out of business.

The following is a part of a sermon delivered by Rev. Alexander Kent, pastor of the People's Church, Washington, D. C., September 22nd.

The most dangerous form of anarchy, is that which, under pretense of using government in the common interest, sets fundamental principles of government at defiance and uses its machinery for personal advantage. When leading officials of New York city deliberately corrupt the whole police force, which is pledged to protect the common interests, and make the members of that force plunder and rob the whole city, by selling to criminals they are sworn to arrest, immunity from punishment for violating law, what are they but anarchists?

When the Mayor and City Council of Philadelphia turn over to their friends or accomplices in crime franchises of the city for which the city had been offered by other citizens millions of dollars, are they not anarchists? Are they not enemies of government? Yet these very men come as a body to attend the funeral of our murdered President and are accorded places of honor.

The following clippings from the editorial page

of the Philadelphia North American (now one of the leading Republican papers in the country), shows that we are beginning to learn who and where the real anarchists are :

PHILADELPHIA'S ANARCHISTS.

A New York policeman resented the abusive language of his official superior, and charged that attempts had been made to force him to pay for fair treatment. The whole country took up his case and protest to be shocked at the revealed condition of municipal government in New York.

An infinitely worse state of things has been disclosed in Philadelphia without exciting surprise, and probably much less attention will be given to Sergeant Semple's direct charges of crime against the municipal administration of this city than has been devoted to Policeman O'Brien's allegation that somebody in New York tried to extort money from him. The explanation is obvious. Philadelphia's city government is so notoriously bad that its offenses have ceased to amaze.

In offering his resignation Sergeant Semple explains that he had to choose between "rendering degrading and criminal service at the behest of corrupt political and police masters and preserving my self-respect and free conscience as a private citizen." Specifically, he asserts that he was called upon to "pilot election repeaters from division to division and assist in their work of casting fraudulent ballots," and because he refused to commit this crime he was notified that he would be driven off the force.

No rebellious victim of Devery's rufianism and oppression has even hinted at such monstrous perversions of police powers to criminal ends as are charged against the Ashbridge machine by Sergeant Semple in these words, addressed officially to the Superintendent of Police :

"As the chief functions of the police in the Twenty-seventh district are now those of serving the political orders of the Administration bosses, 'carrying' divisions in primary and general elections, bulldozing and intimidating citizens at the polls and in the ordinary course of their private business, piloting repeaters from polling place to polling place and stuffing ballot-boxes with fraudulent ballots, protecting men like Fagan and convicted criminals in the favor of the bosses, and, in general, using the uniforms of the policeman for the criminal interests of the politicians. Instead of the protection of private life and property, there is little room for an honest, law-abiding man on the force."

It does not occur to any citizen of Philadelphia to question the accuracy of Sergeant Semple's description of the plight of a law-abiding man wearing the uniform of a policeman and subject to the authority of lawless and law-violating men in office. Every Philadelphian knows that the sergeant has told the truth, and even Ashbridge is not suspected of having the hardihood to deny it.

There is a strong reaction in this country against lawlessness, and many thoughtful men are trying to work out the problem of identifying the promoters and exponents of anarchy with a view to repression of the spirit of contempt for law. Senator Dolliver, of Iowa, made a valuable contribution to the work of classification in his speech at the memorial services held in Chicago. He said :

"Legislators who betray the Commonwealth, Judges who poison the fountains of justice, city governments which come to terms with crime—all these are regular contributors to the campaign fund of anarchy."

Philadelphia's police officials profess to be diligently seeking for anarchists, and in their search they have rounded up cooperative societies, labor unions and other orderly, well-behaved people. Sergeant Semple has shown them where to find what they are seeking. The most active and dangerous promoter of lawlessness in this community is the Ashbridge machine. In the words of Senator Dolliver: "It belongs to the unenrolled reserve corps of anarchy in the United States."

* * * * *
It Emma Goldman's connection with Casloos's crime should be proved to be one-hundredth part as intimate as was Mayor Ashbridge's with the theft of Philadelphia's streets, she could not escape the electric chair.

Please remember that the city government in Philadelphia is Republican, and the city govern-

ment in New York is Democratic. The *Anarchists for revenue* have no conscience, and no principle but spoils. They use any party name that is most likely to win, and use the reputation of good men to cover their misdeeds. It was this class of officials that made themselves particularly prominent in the condemnation of anarchists after the shooting of President McKinley; and they made themselves conspicuous at his funeral. They always seize such an opportunity to cover their misdeeds. A public calamity is a blessing to them. They also use the folds of our glorious flag to cover, or direct attention away from their corruption; and many honest, but simple-minded voters are thus led to their support.

Czolgosz, misguided wretch, was at least honest and unselfish. He committed the deed because he thought it would benefit the laboring classes, well knowing that it would cost him his life. He made himself a willing sacrifice to what he thought would be the benefit of the toiling millions. These other anarchists are actuated only by the most selfish motives. They have neither physical nor moral courage. They are careful to keep safely within the law, or they know that they can manipulate the law-making bodies or courts in a way to make them secure. They do not know what devotion to principle means; their devotion to party is only for gain, and if necessary, they can change from one party to another overnight. If it were to their interest, they could be a Republican one day and a Democrat the next; but they are usually sticklers for party faithfulness and regularity, simply because that pays them the best; they find that by this means they can most easily and certainly carry divisions, wards, etc.

A Voice from New York.

The pulpit has duties concerning this world as well as the next. An important factor in the preparation of people for the next world is to make this world fit to live in; make conditions that will lead to honest and noble lives. Rev. Dr. Parkhurst, of New York, is one of the few clergymen who realize and strive to do their duty in this direction. In his sermon of September 28th, he said:

"When we talk about anarchy, let us not limit our regards to Most, Czolgosz and Emma Goldman. Our own city is full of anarchy. The very Administration we are under here is anarchy from the top down, solid, unmitigated, devilish. It does not kill men, at least, as a rule, but it goes around with sharp blades wherewith to knife every holy principle that the great God could ever have dreamed of. And it would send a thrill down the whole pulsing body of the times, if, in the same hour that Czolgosz goes to the electric chair, the general body of our local government could be put in the chair along with him, and anarchy individual and anarchy organized be consigned to the abyss of reprobation by one and the same current of electric damnation."

Which do you think is the most despicable; anarchy from principle, or anarchy for pelf? Which is the most dangerous? Do we want either? How shall we get rid of both?

If corrupt public officials are "anarchists" in reality and in effect, what shall we also say of voters who, because of party spirit, for some little personal advantage, or from equally non-patriotic motives, vote for "the machine"

election after election? It would be sad to think of so many voters as "anarchists."

More Patriotism.

We need more patriotism among all classes in this country. Because of a country of unequalled fertility and natural resources of all kinds, material prosperity has been too easy for our own good. We are too apt to attribute our greatness, our glory and prosperity to the excellence of our government, tacitly assuming that the only difference between our country and other countries is in government. While our form of government is, we believe, vastly superior to that of monarchies, yet because of indifference, partisanship, corruption, etc., our actual government (particularly in cities) is far worse than in England and Germany.

We need a patriotism that will put country above self in the everyday affairs of life. In times of National danger, patriotism above self-interest is almost universal. Men of all classes are eager to enlist, and under the glorious stars and stripes, in the face of the enemy, there is no dearth of volunteers for a "forlorn hope" that means almost certain death. All this for country in war. And in peace, a public calamity like a great fire, a disastrous storm, pestilence, etc., calls out heroism and patriotism in abundance. But in the tame and commonplace sphere of every day life this unselfish spirit is woefully lacking, and, we are pained to confess, particularly in this country. Here, where heroism of the "dash" sort is so plenty, the kind that we need constantly is rare! In England and Germany many persons of the leisure class, titled or otherwise, devote their time and means, not during a single campaign, but for life to the better government of their town or city. Here those who devote themselves most to city politics do so for the money they can make out of contracts, franchises, etc. Those who permit this sort of thing (the voters), as well as those who do it, are unpatriotic. We need an everyday patriotism that will pervade all classes. Then we would have government, both local and National, against which anarchy would have no excuse to strike.

An Instance.

Any fair minded person will agree that the property of corporations should be taxed just the same as farms, merchandise, the homes of the poor, etc. As an instance, showing that corporations do not bear their just burden of taxation, see the following "facts from Ohio:":

This is an illustration of the condition existing to a greater or less degree in every State. Unfortunately it is the custom in most parts of this country to assess property for taxation purposes below its true value. This is true in Ohio, but ordinary property is assessed three times higher in proportion to actual value, than the average shown in the above table. Why should other property bear three times the burden of taxation borne by the railroads? Only anarchists strike at government, but every patriotic citizen ought to work determinedly to remove

* See table on following page.

RELATION OF ASSESSED TO TRUE VALUES OF TWELVE OHIO RAILROADS.

NAME.	Miles in Ohio.	Percentage of Ohio Mileage to Total Mileage.	Value Appraised by County Auditors for 1901.	Market Values of Securities.	Percentage of Appraised to Market Value.
1. Cincinnati, Hamilton & Dayton.....	523.91	100	\$5,420,829	\$33,445,849	16.21
2. Cleveland, Akron & Columbus.....	177.25	100	1,347,659	5,220,000	25.8
3. (a) Cleveland, Cincinnati, Chicago & St. Louis (Big Four), including (b) Peoria & Eastern.....	621.19	(a) 81.98 (b) 17.61	4,413,610	33,162,210	13.31
4. Cleveland, Lorain & Wheeling.....	192.30	100	2,870,029	14,161,476	16.73
5. Cleveland & Pittsburg.....	184.15	100	5,749,066	31,636,077	18.17
6. (a) Hocking Valley, including (b) Toledo & Ohio Central, and (c) Kanawha & Michigan.....	1,009.31	(a) 100 (b) 100 (c) 37.68	9,898,320	46,032,203	21.50
7. Lake Shore & Michigan Southern and Mahoning Coal....	425.94	30.18	13,597,823	58,899,894	28.28
8. (a) Lake Erie and Western and (b) Northern Ohio.....	297.70	(a) 20.31 (b) 100	1,727,830	9,673,771	17.86
9. New York, Chicago & St. Louis.....	293.49	45.75	3,044,689	17,030,961	17.86
10. (a) Pittsburg, Cincinnati, Chicago & St. Louis, including (b) Little Miami.....	538.85	(a) 20.31 (b) 100	14,193,288	40,965,731	34.64
11. Pittsburg, Ft. Wayne & Chicago.....	261.42	53.59	11,701,023	50,409,547	23.21
12. Wheeling & Lake Erie.....	445.85	100	4,325,870	23,237,459	18.61
Totals.....	4,971.36		\$77,789,486	\$363,375,178	21.41

the abuses of government. It is just such abuses of government, as well as the harangues of Emma Goldman and Herr Most, that turn unstable minds against government.

True Patriotism.

True patriotism is not that which flashes up and flares for a short time, like a Fourth of July rocket, and then subsides into indifference, partizanism or self-seeking at the expense of the public. We want a day-after-day, month-after-month and year-after-year patriotism, seeking the country's good rather than party advantage, and placing service to the community and country above personal interests. Along with this kind of patriotism should go an intelligence concerning public affairs gotten not only from newspapers and political speeches, but particularly from books by reliable authors upon the various branches of the science of government. We spend many hours a day pursuing our own interests and welfare; we should spend at least one hour each day in study and devotion to our country's welfare. No business prospers without constant and intelligent attention, involving both study and work. How can we expect the complicated affairs of city, state and Nation to progress smoothly without the same intelligent attention. As a rule politicians and office holders do what the people demand of them. The people's demand should be an intelligent and progressive demand. It cannot be so without study on the part of the people. Our high schools and colleges teach dead languages, higher mathematics, botany, zoology, geology, chemistry, etc., etc., etc., and but little or nothing about public affairs. "Civil government" as it is now taught in some schools, consisting of a list of officers and their duties, gives little if any information concerning public affairs, and their proper management. All residents of a city should know something about the supply and management of gas, electric light and water, and particularly the proper quality and price of the same. This information can be gotten quickly and easily from proper books on the subject. Yet the ignorance of the public on

these and kindred public matters has been the opportunity of corporations, politicians and corruptionists, and the means of building up many large private fortunes at the public expense. The ignorance of our people concerning such public utilities as the telegraph, express, railroads, etc., has been the opportunity of amassing other and larger private fortunes at the public expense; yet these subjects, as a citizen should know them in order to decide whether these functions should be managed by private owners for private profit, or by the government for the service of all, are not difficult. Books on these subjects go unread, while the latest novels are devoured by the hundred thousand. Such indifference to public affairs is not becoming to a people who boast of self-government. This indifference gives the conditions which furnish anarchists an excuse for their theories. Passive indifference to public affairs makes us very closely akin to the anarchists; while intelligent, progressive, and day-after-day, year-after-year patriotism would rob anarchy of its excuse for existence.

The People's Veto.

No, we do not want government destroyed, but we want its defects destroyed. We think we have self-government here, but we have not. We are at the mercies of those whom we elect to office, until their terms expire. Mayors, governors and presidents have the veto power, but the people have not. The executive (of city, State or Nation) may be venal; and if not, a corrupt legislative body can pass a measure over his veto by a two-thirds majority. Thus the entire power of government is in the hands of those whom we elect. They are our agents, but we, the principals, reserve to ourselves no right of revision of the acts of our agents! Isn't that a funny way to do business? What we want is a people's veto. An executive should not have a power of veto. His duties should be exclusively administrative, and entirely disconnected with the legislative function. But the people should have the right to demand (by peti-

(Continued over next leaf.)

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tion of say 5 per cent. of the voters) the submission of any measure to their direct vote at the next regular election, and if they defeat the measure at the polls, it is vetoed. This voters' veto is called the Referendum in Switzerland, where it has purified a corrupt government, and forced professional politicians and "boodlers" out of their occupation. The Referendum is needed in this country particularly in city affairs; it can also be used on an occasion in state affairs—amendments to state constitutions are, and always have been referred to a direct vote of the people. Perhaps in time this principle may also be used in National affairs, but that need not be talked of until we become accustomed to its use in local affairs. We can destroy anarchy by destroying the evil in our present mode of government; and this simple agency, the people's veto, will do surprisingly much toward that end. We must not think that our mode of government was given to us perfect for all time by our fore-fathers over a hundred years ago. We must do something ourselves. We must meet new conditions as they arise. If we are not active, anarchists will be. They want to destroy all government. We should destroy the evils in our government, and construct more of the good. By thinking that the ideas and methods of government which we inherited from our great men of the past are perfect, we live in a fancied security, and allow evils and dangers to grow. Our fore-fathers improved vastly upon old

methods. Shall we not do the same, and meet the needs, and avoid the dangers of our time? This little agency, the voters' veto, is easy, simple and far reaching. Shall we not obtain it and use it? There are many books on the subject, easy and inexpensiv. Will not voters get them and post up on the subject?

In this connection the following news item will be of interest.

Chicago, September 27.—To stamp out anarchy in Chicago a number of citizens of Austin have formed a secret, oath bound organization which they hope will be the nucleus of a secret fraternity in every city throughout the United States. To-day incorporation papers were issued for it at Springfield. The name of the new organization is the "Republic." Its organization will include one grand lodge and a number of subordinate lodges. The principles of the organization, as expressed in the papers of incorporation, are "to protect life and property from Anarchists; to battle with the Anarchists' propaganda; to guard and protect the institutions of this country from Anarchists and their agitation."

The organization is to include a regular system of detective and spy work upon the Anarchists and prosecution of every one of them at every opportunity, under the direction of the grand lodge of the Order. The members of the organization bind themselves to ostracise the Anarchists socially and in business, and to aim at ostracism in every way of all people who hold Anarchist ideas or aid them in any way.

The consternation, horror, chagrin, rage, etc., caused by the sudden and absolutely unexpected murder of our President found many forms of expression, and the above is one of them. However, upon mature reflection we must all conclude that the above is not the best way to eradicate anarchy. The dark and bloody curse of anarchy should be fought in the open, and not by stealth. Darkness can be overcome only by light. The dark forms of night disappear before the rising sun; and so it will be with anarchy in all its different forms. In Switzerland there is no longer any fear from pestiferous politicians, lobbyists, corruptionists, etc., and anarchy offers no threat against the government. The anarchists from all parts of Europe flock to Switzerland, and when there they seem to be law abiding citizens, entirely contented with the Swiss government. This is because the government is really of, by and for the people. The Referendum has made it so. While we are at it, let us glance at the executive department of the Swiss government. The Swiss national legislature chooses a Council of seven, corresponding to our Cabinet. Each of these seven has a portfolio, such as of war, education, etc. These seven

(Continued over next leaf.)

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The Medical World

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World

C. F. TAYLOR, M.D., Editor and Publisher.

A. L. RUSSELL, M.D., Assistant Editor.

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1550 Chestnut Street

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DECEMBER, 1901.

No. 12

Language is a *growth* rather than a creation. The growth of our vocabulary is seen in the vast increase in the size of our dictionaries during the past century. This growth is not only in amount, but among other elements of growth the written forms of words are becoming simpler and more uniform. For example, compare English spelling of a century or two centuries ago with that of to-day! It is our duty to encourage and advance the movement toward simple, uniform and rational spelling. See the recommendations of the Philological Society of London, and of the American Philological Association, and list of amended spellings, published in the Century Dictionary (following the letter s) and also in the Standard Dictionary, Webster's Dictionary, and other authoritative works on language. The tendency is to drop silent letters in some of the most flagrant instances, as *ugh* from *though*, etc., change *ed* to *t* in most places where so pronounced (where it does not affect the preceding sound), etc.

The National Educational Association, consisting of ten thousand teachers, recommend the following:

"At a meeting of the Board of Directors of the National Educational Association held in Washington, D. C., July 7, 1898, the action of the Department of Superintendence was approved, and the list of words with simplified spelling adopted for use in all publications of the National Educational Association as follows:

tho (though);	program (programme);
altho (although);	catalog (catalogue);
thoro (thorough);	prolog (prologue);
thorofare (thoroughfare);	decalog (decatalogue);
thru (through);	demagog (demagogue);
thruout (throughout);	pedagog (pedagogue).

"You are invited to extend notice of this action and to

join in securing the general adoption of the suggested amendments.—IRVING SHEPARD, *Secretary*.

We feel it a duty to recognize the above tendency, and to adopt it in a reasonable degree. We are also disposed to add *enuf* (enough) to the above list, and to conservatively adopt the following rule recommended by the American Philological Association;

Drop final "e" in such words as "definite," "infinite," "favorite," etc., when the preceding vowel is short. Thus, spell "opposit," "preterit," "hypocrit," "requisit," etc. When the preceding vowel is long, as in "polite," "finite," "unite," etc., retain present forms unchanged.

We simply wish to do our duty in aiding to simplify and rationalise our universal instrument—language.

The profession is requested to kindly report to these columns whether or not their cases of diphtheria cured by antitoxin remain in good health after the cure. Intimations have been made that the antitoxin treatment predisposes to early troubles, of indefinite nature, frequently with calamitous results. Please look up the patients that you have treated with diphtheritic antitoxin during the past several years, and ascertain their present condition of health in order to determine if the treatment has prejudiced their welfare.

Enthusiasm.

Whenever a physician begins to lose his enthusiasm he at once begins to deteriorate as a doctor. The recent graduate, if he possess the energy essential to success, goes at practise with vim and vigor which patients feel intuitively, and are not slow to appreciate. His motive may be his interest in science, a desire for money, fame, or influence, or purely from love for his fellow man as shown by professional philanthropy; or it may be a blending of all in such proportions as the temperament of the individual indicates. Take it all in all, the more scientific interest and professional love for humanity a practi-

tioner has, and the less of vaulting ambition, the greater the promise of his being a successful practitioner, and of his enthusiasm being permanent. The results which fate deals out to the medical man are more apt to dampen his ardor than those which men in other professions meet. It is, then, essential that we guard against losing our enthusiasm, for a man without enthusiasm cannot be energetic; and no lazy man ever won and held success in medicine. To hold one's enthusiasm it is only necessary to keep up one's interest. If every doctor would study every case thoroly, if he would read it up in the latest and best authorities, if he would attend the sessions of the medical societies within his reach, if he would subscribe for and read a number of good medical journals, his enthusiasm would never flag. Don't let yourself become an animated relic; keep up your enthusiasm.

Obesity.

Since obesity is an excessive development of adipose tissue, it may be considered a pathological condition regardless of the apparent health of the affected individual. In pronounced and long continued cases we know that the fatty tissue is in excess in the liver, heart and kidneys, quite as much as on the face, breast, abdomen and thighs. The years may elapse before such conditions produce symptoms, the final outcome is certain. The frequency of the affection among profession and laity is of sufficient importance to justify our expenditure of space. We shall consider the pathology, the final symptoms, the prognosis, and the recognized forms of treatment; and give suggestions as to the most appropriate method of treatment under various conditions. The pathology of fatal cases is well known; that of such cases as endure for years, much less so. Fat people are generally hearty and promiscuous eaters, and consume an excess of carbohydrates, which cause not only an increase in adipose tissue, but also retard the combustion and elimination of the fat already stored. Such people are commonly greedy users of sugar, starches, and alcohol; all of which hasten metabolism of albumin and diminish oxidation of the same. Beyond the loss of grace and activity, the symptoms are not prominent except to the victim and his physician. The sense of "bulk;" the dyspnea from weight and

cardiac complications; the arterio-sclerosis; the excessive perspiration on exertion, frequently causing intertrigo, pruritus, and eczema; and the final ascites, anasarca, hydrothorax, or hydropericardium; all cause the patient marked discomfort and make his way clear to the grave. The indications in such cases seem quite plain. Diminish the fat supply first, and secondly dispose of that already stored. Theory is so easy and practise often so hard. We dare not actually starve any of our patients, and few are really able for the arduous exercise necessary to dispose of the excess of flesh. We must cease to approach such patients in the abject ignorance of quacks; we must meet each as an individual patient; we must study and regulate both his diet and his exercise; we must not only know what foods he eats, but how much of each and how often he indulges. It is unfortunate that the best methods of treatment have been termed "systems," and hence are used so, without due regard to reasonable scientific control. We have a number of drugs and compounds which fit certain cases by chance, but we should study the condition of each individual and then select such drug or compound as may best fit in with our system of diet and exercise and the particular patient's needs. Regarding baths, diet, and exercise, it is generally conceded that the "Banting," "Ebstein," and "Oertel" systems lead in popularity. Such popularity is more lay than professional, but it has been fostered and encouraged by ignorant medical advice. The "Banting" system limits daily ingestion of fluids to thirty-five ounces, and nearly excludes fats, sugars, and starches. Patients are allowed but a maximum of twenty five ounces of food daily, of which one-half must be meat. We frequently observe malnutrition after a short trial. The "Ebstein method" permits the use of fat; three and one-half ounces of bread each day is allowed, but all other starch and sugar is forbidden. Fluids are limited, but black tea, light wines, and meats are given in moderate quantities. The "Oertel system" is the most scientific and rational of all, since it not only seeks to control and regulate the diet, but also aims at such judicious exercise as may gradually increase the elimination of the accumulated fat, while cautiously aiding the oxidation of that which is continually being stored. The "Oertel system" is

the best basis on which we may work, but it is faulty in many details. Varieties of food are specified, and allowed ounces are named. It is plain that the five foot, two hundred pound woman, would hardly need the same diet as the six foot, three hundred pound man. We believe that obesity may be as well treated at home as by travel. We are sure that any able physician is competent to carry any physiological case to successful recovery. We advise fuller attention on the part of physicians toward this important matter. Let each study well the three systems named, and then take up faithfully the study of the various well commended drugs and combinations.

The thyroid extract, and the various *phytolacca* preparations have achieved market success. Germain See, in contradistinction to nearly all other teachers, advises the abundant use of fluids. He prescribes diluted tea and water taken in large quantities with proteids and fats. Van Noorden calls attention to the fact that persons who have been accustomed to eat large quantities of carbo-hydrates and fats often fared as well or better on a reduction of the fats instead of carbo-hydrates, and that in other cases the restriction of the carbo-hydrates gave best results; hence his dicta: "In obesity each separate organization is a study in itself." In certain cases, more notably those of the anemic type, considerable success has been attained by the employment of the well known Weir-Mitchell rest cure as practised for neurasthenia. As a general rule, most cases will do best if placed under careful supervision of diet and exercise, and under rigid instructions as regards bathing, with judicious administration of medicine. The ideal treatment is a combination of all the methods, selecting that from each which the patient under consideration seems most to need. We need hardly say that it is ridiculous to claim that any one food is responsible for all cases of obesity, as some of the systems claim; therefore such limited restriction, alone will generally prove disappointing to patient and practitioner. As a general rule, both carbo-hydrates and sugars should be reduced, and we have most faith in restricted quantities of liquids—say not more than thirty ounces daily. We gently starve greedy eaters, and avoid directing sufficient exercise to whet the appetite too keenly. We alter their

habits of life gradually. In those recent cases which we can bring under absolute control, unless actual organic disease be at the base of the trouble, we promise ourselves and our patient a cure; in cases of long duration, there is less hope of any permanent relief. We gradually reduce the amount of alcohol taken by those accustomed to its use, and finally forbid it altogether in any shape or form. If life be unendurable without sweets, we use saccharin or glycerin in place of sugar. Those cases which give a history of heredity generally prove intractable unless placed under active treatment on the earliest development of symptoms. Every case must be undertaken with a thorough determination to be persistent; the complete control and confidence of the patient must be gained; the long duration of treatment explained, and every precaution taken to maintain every advantage gained. As soon as it is evident that reduction is taking place, it is a good idea to have the patient weighed regularly on the same scales and with identically the same clothing; this increases his confidence and invites persistency. The thorough study, complete control, and persistent treatment of the individual cases of obesity will yield a satisfactory percentage of cures.

The Hygiene of Typhoid Fever in Country Practise.

Important facts may be so commonplace and so familiar as to become monotonous, and may be neglected. In choosing this subject, we have hoped to recall the sins of omission, rather than to advance new ideas. The hygiene of typhoid fever includes all those extra therapeutical resources which are conducive to the welfare and comfort of the patient, and the protection of his attendants and the community.

Typhoid germs are disseminated through water, soil, food and by infection of the person or his food by contaminated insects; and many competent observers insist that it is also air borne.

Altho it is a thankless, arduous, and unremunerative task, it is our duty to protect the community from being infected.

We fear some of us grow careless in this matter, or estimate the duty too lightly. Every case of typhoid fever should be well policed domestically; the more we learn of typhoid, the more it

seems to demand rigid and relentless surveillance.

Even before a diagnosis of typhoid is possible, the stools from every suspicious case should be thoroly sterilized before their removal from the room. Lime and carbolic acid are the best disinfectants, but in the homes of the poor boiling water will answer the purpose well. The *Bacillus typhosus* can not be starved or frozen, but readily succumbs to water above 160°F. If the chemicals be used, keep a solution always ready in the chamber or commode, and after evacuation, stir well and allow to stand for an hour before emptying. It is now well established that the urin is often as virulent as the stool, and it should be treated in the same manner.

The country doctor has no facilities for bacteriological examination of the drinking water, and such an examination is generally fruitless, even when performed. We may, however, gain information as to the presence of organic matter in the water by the well known potassium permanganate test. We may render any water safely potable by boiling and allowing to cool. Ice should not be placed in the water, but may surround the vessel containing it. Many cases of typhoid succumb to the repeated poisoning from the drinking water which gave origin to the primary infection.

All bed and body clothing should be immersed in a 3 per cent. carbolic acid solution before being taken from the room; after two hours' immersion, they may be washed with perfect safety. Towels and napkins are to be treated in the same manner. All stains of blood or fecal matter are removed by this treatment.

The patient should have his own eating utensils, and these should be scalded after each meal. All unused food should be burned or boiled at once.

The attendant should wash the hands in a bichlorid of mercury solution of 1 to 1000 strength after handling the patient. It is better to burn useless rags than to attempt cleansing them.

The source of every article of food should be carefully investigated. Epidemics from infected vegetables and oysters and milk are frequently noted.

If the patient is not able to purchase the alcohol for sponge baths, vinegar is a good substitute if supplemented by the vigorous use of a fan during the bath.

Whenever the temperature reaches 102°F, the patient needs sponging; the Brandt method is very inconvenient in the country, and out of the question in many cases; so we choose alcohol first, vinegar second, and finally water if we can get nothing else.

Water should be taken in large quantities, but if it be infected, will jeopardize the safety of the patient and prolong the disease. A gallon of water in twenty-four hours is none too much for the typhoid patient, and it is best made as cold as possible.

Hygiene has too little consideration. Hamburg, Germany, lost forty citizens each year to each 100,000 until they looked up their water supply, and now but five lives are sacrificed. Since the country doctor's facilities are so much less than those of his city brother, his vigilance should be so much greater. There is no excuse for carelessness in the hygiene of typhoid fever.

Has THE WORLD, during the past year, been worth \$1.00 to you? Do you regret your investment? This is a plain business question. Many thousands of subscriptions expire with this issue. They are called upon to answer this question. *Prompt renewals are the easiest for you and the most satisfactory to us.* It is easier to *do* a thing and have it done, than to have it hanging month after month. Our "wise ones" take our offer of four years for \$3.00 (in advance). This plan avoids the trouble of renewing every year, and it is 25 per cent. cheaper. On advertising page 17 you will find some combinations that we have made for your accommodation. It would be less trouble to us if you would not take advantage of these, but send WORLD renewal (for either one or four years) alone. But we are here for your service, and we will send you one of the combinations if you so desire. Each combination includes WORLD for one year. If you want WORLD for four years, add \$2.00 to the price for the combination which you choose. *Please don't procrastinate.* If you are busy, ask your secretary, your student, your wife, or one of your bright sons or daughters to do it for you. Tell them that this matter will haunt you until it is done, and that you are busy—they will help you out.

Dr. J. P. Geffert, of Cincinnati, writes that the Christian Endeavor Society brings together those of different Christian sects into agreeable relations, to work intelligently and cooperatively (not antagonistically) as one body. He suggests that the Editor "and other worthy persons" organize a Medical Endeavor Society to fill a similar scope in the medical field. The Editor wishes to remind the Doctor that THE MEDICAL WORLD is just such a society. It meets (on paper) in your own office every month if you are a subscriber. The dues are very reasonable—only \$1.00 per year, or four years for \$3.00 in advance.

"No other journal can fill its place."—R. P. Davies, M.D., Petty, Tex.

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD

Blindness Attributed to Wood Alcohol.

Editor MEDICAL WORLD:—In accordance with your request I have prepared the following notes on the toxic effects of wood alcohol, with especial reference to the causation of blindness, of which we had some conversation last summer when we met at the seashore.

Wood alcohol, the methylic spirit, has seldom been used as a medicin. Formerly its odor and taste were alike repulsive; the addition of ten per cent. to common alcohol, the vinous or ethylic spirit, rendered the mixture, known as "methylated spirits," unpalatable and unfit for internal use. In more recent years, with the cheapening and improvement of the product, wood alcohol has come into much more common and extensive use in the industrial arts. It is now purified and deodorized to such a degree that it may readily be mistaken for the ethylic spirit. Its cost is less than half that of the ethylic spirit. One product, under the trade name of "Columbia spirits," has had an extensive sale.

Notwithstanding its "purification," wood alcohol is a more potent poison than its better known congener. In fact, it should be regarded as poisonous and dangerous to such an extent that it should be labeled with the "skull and cross bones," whenever sold over the retailer's counter. However, in defiance of its dangerous character, some manufacturers of essences, extracts, etc., are using wood alcohol as an adulterant of, or even as a substitute for, the ethylic spirit in the preparation of their products. This is also true in regard to some pharmaceutical manufacturers. Moreover, wood alcohol is not an uncommon tippie at the present time, and its use in this way seems to be increasing.

While resembling each other in many respects and possessing many similar properties, the ethylic and methylic spirits differ in chemical composition, and their compounds show more marked differences. Their physiological effects and the effects of their compounds are also different. Poisonous doses of ethylic alcohol, if not fatal, rarely leave permanent deleterious effects. A form of amblyopia is recognized as an effect of chronic alcoholism, but cases in which even temporary loss of vision has followed acute alcoholism induced by the ethylic spirit in any form must be very rare. Toxic amblyopia when attributable to drugs has heretofore generally been regarded as an accidental and not as a usual manifestation. Wood alcohol, however, seems to have the peculiar property of inducing blindness in a very large percentage of cases.

It is only within a comparatively recent period that any number of cases of poisoning by wood alcohol have been reported. Nineteen cases of serious poisoning by this agent were collected in October, 1899, by my colleague, Dr. D. M. McPherson. I have analyzed these nineteen cases as follows: Eight died (nearly all within one or two days), and of these, two were known to have become blind while yet conscious; two were "incapable of recognizing either persons or things only a few feet distant," altho their speech was "quite coherent;" one "was totally unconscious and died within a few hours;" two died within twenty-four hours, but it is not stated whether or not they were conscious or blind; and it is stated that the eighth did not complain of any trouble with the eyes. Of the eleven who recovered from the immediate toxic effects, five became totally blind, one was reported as nearly blind, one as having been temporarily blind, and four appear to have recovered without any reported disturbance of vision. It thus appears that blindness occurred in at least eleven of these nineteen cases, being practically complete and permanent in ten cases, counting those who died; seven of the eleven who survived were affected, either permanently or temporarily. About fifty-eight per cent. of the nineteen cases were affected with blindness; about twenty-six per cent. were apparently not so affected; the remainder, about sixteen per cent., may be classed as doubtful. The fatal cases were about forty-two per cent. of the whole number. About sixty-three

per cent. of the others were affected as just stated. All of these cases appear to have been fairly attributable to the use of wood alcohol. The high percentages of deaths and of permanent blindness are truly alarming.

Several other cases have since been reported in different journals, and the matter has been discusst by different societies. About a year ago a number of cases were reported sensationally in the daily papers, and suits at law for heavy damages are now pending against one or more large concerns, being charged with using wood alcohol in the preparation of extracts, etc., the consumption of which appeared to be the cause of death or blindness. Doubtless many cases have occurred without being properly recognized. Only last week I chanced to find a report of "two cases of amblyopia following the use of Jamaica ginger," which report fully corresponds with the reports of cases due to wood alcohol; so it is probable the toxic effect in that instance was due to the adulterated menstruum.

It would require too much time and space to attempt an analysis or citation of the other reported cases. It is probable the percentages given above would be found nearly correct in a larger series.

The important matters of especial interest to the public and to the general practitioner of medicin are, first, the extensiv and increasing use of wood alcohol in various ways, whether legitimate or of doubtful propriety; and, second, the apparent fact that the ingestion of a single excessiv quantity of wood alcohol, or even the continued inhalation of its vapor, can produce amblyopia or permanent blindness, if the effect is not immediately fatal.

The symptoms most usually observed in cases which did not prove fatal were those of acute gasto-enteritis, gastric pains, vomiting, headache, vertigo, delirium and more or less unconsciousness or semi-consciousness for a variable period; at the same time the pupils were widely dilated, and there was loss of vision in both eyes, generally complete within 24 or 48 hours. After a few days there was usually a gradual return of visual power to a limited extent; then there followed a gradual failure, generally resulting in permanent blindness. No other gross permanent lesion appears to have been noted. In the fatal cases the symptoms of acute poison-

ing were more pronounced; blindness was recognized as a feature in one-half of the fatal cases cited above, and in three of the other four it may have been maskt by unconsciousness.

In the reported cases the amount of wood alcohol ingested varied greatly—from a few drams to a half pint—as did also the extent of dilution and admixture with other agents. One man drank the supernatant liquid containing wood alcohol after precipitation of gums in varnish; three partook of a mixture of wood alcohol and benzine; others drank various essences and extracts prepared with wood alcohol; the majority took their potations plain with water or sweetened with sugar in the shape of toddy. One report shows that two men became blind after working inside large wine casks with shellac dissolved in wood alcohol. In another case a painter who had been working with a similar preparation for two months, and also using wood alcohol to cleanse his hands and arms and sometimes his face, became blind. In still another case a man who had been employed cleaning old furniture with a cloth saturated with wood alcohol suffered from severe amaurosis, but recovered to a certain extent. In all four cases the drinking of wood alcohol was positively denied, and the trouble was attributed to the inhalation of the vapor alone, each case having presented symptoms of acute poisoning. The agent has generally been taken with the knowledge that it was wood alcohol, but of course without knowledge of its special deleterious effects. Perhaps one-half of the reported cases can properly be clast as accidental.

Prompt and vigorous eliminativ treatment seems to have had the best effect, but generally treatment seems to have been of little or no avail.

According to Dr. de Schweinitz: "The ophthalmoscopic appearance of these cases is that of optic neuritis, with exudations into the retina, and subsequent atrophy. The caliber of the retinal vessels is much diminisht, and the veins are tortuous, containing very dark blood. In the early stages an absolute central scotoma and color-blindness are found. The field of vision is contracted. The lesion may be a primary retrobulbar neuritis, or it may depend upon nutritiv changes in the ganglion cells of the retina."

Washington, D. C. H. T. Guss, M.D.

In Puzzling Cases, Don't Forget to Consider Syphilis as a Possible Cause.

DEAR EDITOR:—No other journal gives me satisfaction as much as THE MEDICAL WORLD. When I read it I feel that you have created a family feeling amongst your subscribers. Many valuable points and prescriptions have been brought up and discuss, but I feel there is one point that every practitioner should remember in making a diagnosis, and upon which we cannot lay too much stress; and that is syphilis. Many of the old chronic cases that are described under various headings, and which have proved to be beyond the reach of our various medicants, and have kept us thinking and solving, could if the diagnosis and treatment were properly applied, be successfully cured. Many practitioners do not realize how common syphilis now is, and how the disease can exist without all the characteristic symptoms. How many of those old chronic neuralgia cases that fill the columns of our journals could be cured if we were to stop and think of syphilis and the iodids? Many, I will answer. The same may be said of asthma and chronic bronchitis, where the syphilitic poison is passing thru the bronchial mucous membrane, and keeping up a persistent irritation and cough, and which does not yield to the ordinary treatment; and still upon examination we fail to find any characteristic cutaneous eruptions, enlarged glands etc. Always remember syphilis and get the past history of your patient, even if it dates back ten to fifteen years; for in this suggestion you may make a successful cure in a case where other physicians have failed.

I will describe a few cases that will show how important this matter is. Patient, male, age 35; has had headache for four years. Insomnia persistent and constant; will go four or five nights without sleep. Lying awake at night, he finds it impossible to rest his mind, lying hour after hour, visions various scenes, hears voices, etc. Appetite good, bowels regular. Never used alcohol or tobacco. Never had injury to the head or spine. Has been treated by six physicians, by some for malaria, by others for stomach. Has been purged; lavage and electricity have been used; diet changed, etc., but continued to get worse. Upon questioning him he said he had a small sore on his penis about six years ago; applied

iodoform and it healed up, and has not troubled him since. Sometime after he had what he described as a pin head eruption on chest only, but this soon vanished and he has been well ever since, except for the headache and insomnia. As trial I placed him upon the iodids, believing that I probably had a case of syphilitic gumma of the brain. In a short time improvement was marked and continued, and up to this date the iodids have acted like magic, patient has never had headache since, and sleeps soundly. Urine was examined, result negative; and the only suggestive sign was enlarged epitrochlear glands and slight enlargement of post cervical glands.

Here is another case: Patient, male, age 42; enjoyed good health up to 1899, when he contracted what was called by his physician a "*mixt chancre*." This was cauterized and healed up. Two months later had bubo, which opened, discharged and closed up. Patient had no eruption and felt perfectly well until in 1900, when he became afflicted with sciatica as well as cervico-brachial neuralgia. Pain was intense, and his physician used morphia freely, which was the only thing that helped him. In addition to neuralgia, he began to suffer from asthmatic attacks. These were treated by various physicians, electricity, massage, irritants, etc., being tried; went to the springs, and all without relief. Inhalants were tried for asthma, cough mixtures, etc. When he called upon me and told me I was the fourteenth doctor he had consulted, I felt as if I were in for it; but on account of his venereal history I realized that syphilis could account for his neuralgia as well as asthma, so placing him upon large doses of iodid of potassium, I was gratified to find him improving in a few days, and in three weeks I had him cured (so he says), but I am going to keep him on iodids for a while.

Now brethren, always bear in mind syphilis in making a diagnosis. Tho a patient may come from a family of high standing, there is no distinction of rich and poor when it comes to infection. Many of those cases of so-called cancers will vanish like magic under the iodids. So never forget that syphilis can cause almost any trouble, and you can fight it with the iodids.

W. M. McLAREN, M.D.
San Francisco, Cal.

Fatal Bleeding From Incised Gum.

Editor MEDICAL WORLD:—August 28, 1901, I was called to help another physician who had incised the gum of a child "to relieve convulsions." He had difficulty in stopping the bleeding, and was pressing the gum. We applied liq. ferri chlor. and other drugs, but without avail. Another physician then came, and I retired from the case. The next day I met one of the physicians, who told me that they failed to stop the bleeding, tho suprarrenal capsule solution stopt it for a time. On the sixth day the father called me again, tho several other physicians had been called in the meantime, who had stitched the incised part. The blood still oozed out. I called an experienced surgeon in consultation. We decided to apply a tight bandage on the head and face, hoping to produce enuf pressure to stop the bleeding, but without success, and the child died the next day. The surgeon said he thought the child was a "bleeder;" but he was circumcised six months previous, and it healed in two or three days without hemorrhage.

Brooklyn, N. Y. H. ROSAHSKY, M D.

Insane Disorders of Childhood.

Editor MEDICAL WORLD:—Physicians who pay much attention to diseases of children see a great many cases of what I call "insane disorders." A brief consideration of these without elaborate speculation as to causation, etc., may be of some use to the practical physician.

Insanity is rare in childhood when considered from the same standpoint as in the adult; but mental defects are very common, and grow worse with great rapidity unless treated properly.

Acute diseases frequently disturb the cerebral functions, which may not recover when the malady subsides, and then it becomes a very important duty of the physician to carefully direct the educational and disciplinary measures in order to inhibit further structural damage.

I wish to call attention to the causal factors in these cases, which should be carefully scrutinized by the physician as soon as the least suspicion is aroused. Some are the result of deprest physical powers, due to want, misery, crime and vice.

Great danger also lies in certain parental tendencies. Vitiated appetites, as for alcohol, opium, tobacco, etc., are good ground for disease of mind as well as

body. I am satisfied that in my own village I can see degeneracy on the increase very noticeably as a result of the early and excessiv use of tobacco.

I have seen families of notably unstable nervous equilibrium, caused by filthy and degraded habits, in whom acute disease played sad havoc. And when all these various causes of mental disorders become superadded by the marriage of a tubercular or alcoholic father to a hysterical mother, disaster, as swift fatalities in the offspring, may be predicted.

The surrounding influences capable of disturbing a healthy minded child are many. Acute febril disorders in children produce a delirium which is a transient insanity. It may pass utterly and quickly away, or it may leave an indelible stain on the cerebrum.

That surprising condition known as precocity is a source of peril, and frequently is an evidence of mental unsoundness. It should never be a ground for parental congratulation, as it frequently predestins its victim to some neurosis.

The idea that some educators have of "intellectual pushing" is regarded by Charcot as harmful and brutal.

Sudden changes in temperature is another exciting cause, as children do not bear heat and cold as well as adults. Several instances are reported in which the child was driven into acute mania by lying with its head toward a hot stove.

Many transient disorders of the mind are caused by reflex irritations, as in digestiv disorders; the cause being removed, recovery ensues.

Intestinal parasites cause a number of nervous disorders, but very rarely insanity. Superstition and lurid religious teachings often dethrone unstable minds. A brutal, drunken father, aside from parental conditions, causes terror and woe to young children; also, example is almost as powerful for harm as ancestral traits.

Children subjected to long periods of want, misery and exposure are sure to fail in proper mental development, and need special care and attention in planting the seeds of moral and mental conduct.

To gain any statistics from a family in regard to these troubles is hedged with great difficulty, as any suspicion by the mother is kept within her breast as long as possible—until it is observed by the laity in general.

The great body of mental suspects who

escape statistical record are at the mercy of the family doctor, and upon him lies the responsibility of directing their care and teaching.

The majority of these are to be treated at home, and the average medical man assumes a great duty and burden when he undertakes it. Often it is harder to treat the mother than the child. She will frequently tear down all the hope you build up.

Insane disorders as the term is used here, is meant to include not only insanity, but that mixture of insanity and hysteria, which are so often blended together. It frequently imitates all the neuroses, and it is surprising to see how early in life it is developed in some children.

Moral perversion and intermarriage of relatives, criminals and degenerates are the great means of increasing the insane disorders of children, including idiocy, imbecility, degeneracy and feeble-mindedness.

The only preventiv that I can conceive is the appointing of a medical council to pass on the legality of the issuance of every marriage license.

When this stage has been reached, and when the family doctor does his duty toward the family by warning parents and prospective parents of the dangers accompanying the development of the child and its moral training, we will soon see and realize a great change.

PERRY WOOLERY, M.D.

Heltonville, Ind.

Prophylaxis in the Eruptiv Diseases.

Editor MEDICAL WORLD:—Seeing a number of articles in the late journals dealing with the prevention and treatment of small pox, I would like to call attention to an article I wrote for THE MEDICAL WORLD several years ago on a simple and effective way of protecting persons liable to infection against the contagion of measles. I stated in that article that tho I had never tried it, I believed it would be equally successful against small pox and scarlatina. I have had an opportunity of testing it in scarlatina, and it proved successful; and tho I have not tried it in small pox for lack of opportunity, an old veteran confederate army surgeon in Texas, in reply to the article, stated that during the civil war he was shut up in a northern prison with 2,000 ragged, hungry confederate prisoners, when there

occurred fifty cases of small pox among them. Isolation was impossible, and the four doctors among the prisoners met to consult as to what could be done. Small pox there generally meant a funeral. One of the four recalled the Thompson method of preventing measles, and they decided to try it for small pox, and did, with the result that not a single case of the disease occurred among those who used the remedy. The agent is nothing but spts. turpentine. Suspend a flannel bag two inches square, stuff with wool or flannel, around the neck and keep it moist with turpentine. I have never known it to fail if put on before the person came in contact with the disease; and after exposure, by its use and giving the party 25 to 30 gtts. per diem, it will either prevent an attack or render it so mild that they seldom need to take their bed.

If it were something with a long, high sounding name, made in some German laboratory, I believe it would long ago have been in use by our state boards of health and by the profession at large; but it seems to be too much of an old woman's remedy for scientific men to use without more condescension than they feel they can submit to. Nevertheless, if your readers will give it a fair trial I know that they will not be disappointed with the results.

Turpentine we all know to be an excellent antiseptic under certain conditions, and I see no reason why we should deny its ability to destroy the peculiar element of contagion in the exanthemata; nor, if it proves successful in one of them, why it would not in all. We all have patrons who we think could not safely pass thru an attack of these diseases, but who, as parents, etc., would necessarily become exposed should their families contract them. It would at least do no harm to try this simple measure when we know that they will necessarily come in contact with one of these diseases, owing to some of the members of the household being attacked.

Many people do not attach as much importance to this class of diseases as they once did; regarding measles, at least, as being in the main a necessary but harmless disease; also small pox in the southern states for the past two or three years, owing to the low rate of mortality among the colored race, where it is mostly confined. And we all know that on account of complications and sequelae, measles is

often one of the most intractable diseases we meet, and as to small pox, it seems that the whites do not get off as easily as the negro.

But why am I writing all this to the *WORLD* "family"? In two years probably not one of them will remember ever to have seen it, just as twenty-five years after Rezen Thompson published his famous book, no doctor knew that he ever made these claims for turpentine.

Reddick, Fla. B. P. WILSON, M.D.

Scarlet Fever.

Editor *MEDICAL WORLD*:—In answer to Dr. E. S. Harrison, page 488, November *WORLD*, I will say: I always first clear out the intestinal tract by an emetic, and a purgative given two or three hours after vomiting has taken place. Then I give to the child small doses of tincture aconite root every two to four hours, according to age. I sometimes give tincture belladonna, alternating with the aconite, if no throat complications be present. But if the soft palate, tonsils and the glands of neck, become inflamed and painful, I drop the belladonna tincture, and use sulphid of calcium instead, alternating with the aconite, the dose being one-eighth, one-sixth, or one-fourth of a grain, according to the patient's age. I continue this treatment until the eruption is well out. If earache appears, I employ warm boracic acid solutions—one dram to six ounces of water—to syringe the ears with, every four or six hours, and as warm as the child can bear. To allay the burning heat of the fever, also the troublesome itching accompanying the scarlet rash, I order that tepid sponge baths be frequently given all over the patient's body, four or five times every day, the same boracic acid solution as that used for the ears to be employed for the bathing. These are the only external applications; but sometimes I order that the skin be rubbed with cocoa butter after the bathing, when the itching is excessiv. To relieve the constant thirst, I give frequently small pieces of ice to suck, also cool decoctions or infusions, as required by the case, of linseed, barley or of sage, flavored with orange or lemon juice, or vanilla or pineapple extracts, and sweetened with rock candy, sugar or glycerin: of course a different one every day. I give liquid nourishment, preferably, for instance, milk and seltzer,

light gruels, chicken or lamb broths, gelatin, arrow-root and the like, always in small quantities at a time.

The only medicins I prescribe in scarlet fever cases, are aconite, belladonna sulphid of calcium; the dosage according to the respectiv directions in the United States Dispensatory and the United States Pharmacopeia. The above described treatment is intended for the anginose variety. I treat the very mild cases only with small doses of tincture aconite root and the regulation of the diet. I always give close attention to the intestinal and urinary secretions. In case of constipation I resort to enemas, as a rule, to keep the bowels open. If the urin becomes albuminous, I give infusion of buchu leaves or of barberry as a beverage in place of linseed or sage, taken cool, so relieving also the thirst. If I find excess of phosphates or urea, I give solutions of citrate, of potass., or small doses of benzoic acid together with the barley water decoction.

Frequently we find that after we have guided the child safe to all appearances from the scarlet fever troubles, suddenly he is affected with scarlatinal dropsy or anasarca. In this event I resort to giving to the patient dry hot air baths to promote a copious perspiration every night, and followed the next morning by a compound jalap powder. I continue this treatment until the recovery is complete.

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G. A. ROMERO, M.D.

Alkaloidal Treatment for Scarlet Fever.

Editor *MEDICAL WORLD*:—Dr. Harrison asks for the latest treatment for scarlet fever (p. 488). I think the alkaloidal treatment may, with reason, lay claim to being the latest, and judged by results, the best treatment, and it is the simplest. The keynote is *elimination*. Give small doses of calomel, "pink," gr. $\frac{1}{4}$, every half hour for six or eight doses, followed by saline laxativ to produce thoro evacuation; keep bowels free with morning doses of the saline. Give aconitin for the fever, with cool sponging in addition, or cold packs, if necessary; as an antiseptic. give calcium sulfid, gr. $\frac{1}{4}$, every half hour to saturation, and then enuf to keep breath smelling of the drug.

Spray throat every hour with fifty per cent. hydrogen peroxid, cold cloths externally, changed frequently, small pieces of ice dissolved in mouth, and plenty of pure

water to drink. Anoint body during desquamation with carbolized vaseline.

For head symptoms give atropin, $\frac{1}{100}$ gr., every hour till improvement, or very slight dryness of throat. If very nervous, or delirious, use cold pack.

If urin is scanty, give hot drinks of cream of tartar 3j in Oj boiling water, freely; or lith. benzoat., gr. $\frac{1}{2}$, every hour till secretion is free.

Isolate patient, cover lightly, allow plenty of fresh air, pure water and quiet. Limit diet to milk, broths, and fresh fruit juices until fever is past; prohibit food for first twenty-hours. Protect from draughts during convalescence.

To prevent the disease, give to those exposed calcium sulfid to saturation, keeping to that point for two weeks; atropin in daily doses of $\frac{1}{10}$ gr. to keep capillaries flusht, bowels free with saline. Spray or gargle frequently with listerine or some mild antiseptic wash, to prevent lodgment of germs in throat.

Dr. Coleman has shown the fallacy of waiting for a diagnosis—of allowing the disease to produce its effects before commencing treatment. Get after the disease in its incipency.

In those cases where the patient is rapidly overwhelmed by the poison, the treatment must be correspondingly energetic—rapid elimination, rapid and complete saturation with calcium sulfid (and be sure you get an activ preparation), cold packs, and ice cap to head. In convalescence, and in the asthenic form, strychnin arsenate is indicated; the triple arsenate with nuclein being an ideal tonic and reconstructiv. Finally, it is absolutely necessary to attend to the hygiene of the premises. What about the sequelæ? There are none with this treatment.

If Dr. R. D. Nash (p. 491), in addition to the editor's excellent advice, will use daily lavage with normal salt solution to dissolve mucus from stomach walls, then disinfect with boracic acid solution 10 to 1000, drop all purgatives, using instead abdominal massage, glass of cold water before breakfast, large colon irrigations of normal saline solution to produce daily evacuations, diet easily digested, free from starches and carbohydrates for the first week, HCl dilute if deficient in gastric juice, graduated exercise, freedom from household worries, there will be great improvement.

R. J. S.

White Sulphur Springs, Mont.

Scarlet Fever.

EDITOR MEDICAL WORLD:—In the November WORLD, page 488, Dr. E. S. Harrison, Thompson, Ga., desires "the latest and most successful treatment of scarlet fever, both as to constitutional remedies, and internal and external applications for the accompanying throat troubles."

Now, I have never written a line for THE WORLD or for any other journal; but for thirty years have seen and treated this malady, at varying intervals of five to eight or ten years. In that time I have had my views, both as to the malady in question and its management, very much modified, if I have not learned the "latest and most successful treatment." I cannot do better than to give a bit of my experience, observations and conclusions.

So far as this experience and observation go, scarlet fever isn't nearly so grave a malady as my *idea* of it was. I want to add that ideas and not *conditions*, too largely obtain, even among medical men. By looking conditions square in the face, in a common sense way, caused the modification of my views.

The popular idea is—and that idea is shared by some medical men—that scarlet fever is a very grave affection; and that it is almost, if not quite, wholly dependent upon contagion for its spread. So far as my experience and observation extend, neither of the above propositions is any more than partially, and very partially, true. During the past summer and fall, till now, this disease has been very prevalent here, in mild type for the most part. The writer has seen and managed a fair share of these cases, and it is his deliberate opinion that not more than ten per cent. of them were fairly attributable to contagion. No loss by death has he sustained so far. Many of them have had little other treatment than the frequent use of a salty bacon rind for [the intolerable itching, and laxative doses of Epsom salts for the bowels. In some of these cases, twenty-five per cent. perhaps, there were varying degrees of severity of nasal, throat and ear complications; a still smaller percentage, one or two per cent., have had renal complications. One case, a girl of four years, has had, and still has, very troublesome and very obstinate nasal, throat and ear complications, and abscesses of neck and behind the ears. Little constitutional treatment was used. Cases in which there was a high grade of

fever and delirium, aconitin, digitalin and veratrin were used. For the nausea, bits of ice. For renal congestion and deficiency of urin, nitre, tr. belladonna, or digitalis, sometimes combined with broom-top.

Throat complications had sulf. zinc. gr. viii to 3j water; or chlor. pot. xv gr., mur. tr. iron 3ss, glycerin 3j and 3j water. Ear and nasal complications had boracic acid and glycerin sprays. For the abscesses mentioned, the knife at once; afterward drest with cloths dipt in solution permanganate potassium. Whether up-to-date treatment or not, it has proved fairly satisfactory.

About the preventivs, I know nothing of either belladonna or sulfite of sodium. In a few cases I used sulfid calcium as a preventiv of abscess, but did not get the results hoped for.

Have no experience with or observation of the effects of formaldehyde fumigation. In one house where I treated the fever, sulfur was burnt to destroy the fever germs, as they said—with how much or how little success, if any, I do not know. On that line it appears to me there is far more "tomfoolery" indulged in than sense, even by doctors. But that is the idea of the laity, and the doctor wishes to please. So he shuts one eye, pulls his moustache, looks high and wise, and says, "Yes, fumigate, burn, quarantine, and be sure you change clothes."

Another thing, not in line to be sure, but I wish to say it now. The widely prevailing idea of medical men and others carrying the germs in their clothing, and thus spreading the malady all over the country, is little, if at all more, than a "scapegoat" for ignorance and laziness—a lack of intelligent, diligent study and observation. How often is it true that the doctor, without change, goes from a scarlet fever house to a non scarlet fever one, and no fever results. On the other hand, in another house where he has not been, nor any one, so far as he knows or can learn, we have it breaking out. Besides, in their own (doctor's) homes, many of them, there are children, but no fumigation, no change, and they escape. How is that to be accounted for?

The first case I ever saw, more than a quarter of a century ago, was in a family of five children. This case was in May, a single one. In October there was another. The remaining three escaped. Five miles

from this family there was another, of four children. Two of these had it in June, same year. There was no communication, and there were no other cases in the whole county then or for five years after. After five years it broke out in a community fifteen miles distant, and there were twenty or more cases, three or four of them proving fatal. Eight or ten years later there was a single case in a family of ten; no other case in the county so far as I could learn. Will contagionists and germ carriers tell me how this little niece of mine got it? It was in this family again the summer past; a sister, three brothers, a sister-in-law and niece having it, the niece who had it before escaping.

Now I do not say it is not at all contagious, or that the germs cannot be transported in clothing or otherwise; but I do say it is not *dependent upon these* for its development and spread in a community. We get it often as we do a cold or other malady.

I now step aside. Whet your blades, and at me! Then I may have something to say of "crowd-poison" as a factor in the gravity of this affection in the cities and large towns, and the absence of it the explanation of its lack of gravity in the rural districts.

W. P. LEAGUE, M.D.
Simpsonville, S. C.

A Case of Diphtheria.

Editor MEDICAL WORLD:—On Sunday, October 6th, I received a telephone message to meet Dr. L. in a case of diphtheria. I reached the bedside of the little patient, that of a little girl of 3 years, about five p. m., and found that Dr. L. was not mistaken in his diagnosis. We had a bad case of diphtheria to deal with. Temperature 103.2°, pulse 180. Losing no time we made all due preparations, and at 5.30 gave a hypodermic of 2000 units of antitoxin (Parke, Davis & Co.) Gave 2½ drops of digitalis every three hours. Used spray of one part each of water and peroxid of hydrogen and listerine, every four hours, followed with a saturated solution of boracic acid. Also exhibited tr. ferri chlor., glycerin and potass. chlorate. There was no change whatever in three hours; in six, temperature had fallen to 102°, and pulse to 140; nine hours, temperature 101°, pulse 120; twelve hours, temperature back to 103°, pulse 135. At three p. m., Monday,

October 7, Drs. T., P. and I being present, I gave another antitoxin injection, this time $\frac{1}{2}$ of a bulb of 3000 units (none other to be had). The next morning there was not much change for the better. All the while we kept up other treatment. Wednesday morning there was a decided change for the better, and now the little patient is fast gaining ground. Beyond all question, the antitoxin saved the child's life.

I might add that we gave the remaining $\frac{1}{2}$ of bulb of 3000 units to the little brother of 9 years as a prophylactic, which was entirely successful; but we now think that we should have given the entire dose to the little girl. She would not have been so slow to recover. E. H. GREEN, M.D.

East Bernstadt, Ky.

[Query: Would this case have been reported if death had taken place? Do doctors bury their mistakes (or their failures) and blazon their successes? Let us have the cases that end in death, as well as those that end in recovery.—Ed.]

The Cause of Puerperal Convulsions. A New Theory.

Editor MEDICAL WORLD:—On page 471, November WORLD, the Editor says: "Your work and your contributions to the 'chats' should be thoroly up to date. The progressive doctor never gets too old to be a student." Now, I am surely not too young to be a student, and I will not only come up to date, but will go a little ahead of it.

I was in advance when I stated that diphtheritic membranes could not develop in the light; and that in abdominal sections for the cure of peritonitis the light should be allowed to fall on the peritoneum, where it will act as a disinfectant.

Now I will take the lead again and say what causes puerperal convulsions. There is a constant breaking down and building up of tissues. The broken down tissues have to be eliminated. The broken down tissues of the nervous system are eliminated principally by the kidneys, and if they are unable to perform this the poisonous material will irritate and poison the nervous system, causing hysteria, convulsions or insanity, according to individual susceptibility. The spinal cord and the nerves originating from it are poisoned by this effete material, and revolt against it. Any spinal sedativ, like veratrum viride, will be borne in very large doses—larger than

under ordinary circumstances—which will relax the spasms until the kidneys can eliminate the accumulated poison. If I am mistaken in this new theory of the cause of puerperal convulsions, I wish that some brother practitioner will be kind enuf to show me wherein my error consists. J. A. MUENICH, M.D.

Jefferson, Wis.

Rupture of the Perineum by the Shoulders.—Tobacco Heart.

Editor MEDICAL WORLD:—The last few issues of THE WORLD have had several good articles on the perineum in labor. All, however, refer only to danger from the head. My own experience leads me to believe that the shoulders deserve more attention than they get, and that many of the worst lacerations are produced by them. One case in my own practise within the last few months: very hard labor, and 10 lbs. of naked baby. After several hours of intensely hard bearing down pains with no perceptible progress, I administered chloroform and applied the forceps. I watcht the head pass slowly over the perineum without injury. It was several minutes before the shoulders came, and as I knew the perineum was sound when the head past over it, I made no further examination after the second and third stages were completed. It afterward developept that she had a bad laceration, and it is our present arrangement that I shall repair it in January, 1902. He was a great broad shouldered boy, and the shoulders did the "devilment." The forceps had nothing to do with it.

Another case still more recently in the practise of a brother practitioner. Patient very fleshy, 28, primipara, and nervous. Had been in hard labor for several hours without progress. I was called to assist. Chloroform was given to complete anesthesia, and forceps applied in the superior strait by my colleag. It was the hardest case I ever saw; for one hour we kept her under complete anesthesia "spelling" each other at the forceps. Finally he succeeded in making the delivery. The head past over the sound perineum, and seeing signs of life in the child, he attempted to hasten the passage of the shoulders, when the perineum gave away, to, tho not thru, the sphincter. She was too much prostrated for immediate repair, so we deferred it until the next day. In a couple of

hours convulsions develop, but were controlled in a day or two, and at the end of a week mother and child were both doing as well as the average. In this case the forceps saved both mother and child, for there was not the slightest probability that a natural birth could have occurred, even if there had been no convulsions. The woman would have died from exhaustion. Had the convulsions come on before the forceps were applied, she would almost surely have died before delivery could have been accomplished. Further, the forceps could not be blamed for the rupture except on the ground that, had they not been applied the head would never have reached the perineum. Of course repair at the time was out of the question, and the Doctor expects to repair at least one perineum in 1902. I give these two cases to illustrate especially two points: 1st, when the head is born the danger to the perineum is not yet over. 2nd, if forceps are used, the fact that there is an injury is not proof that the forceps are to blame.

In President McKinley's case, I think that too little importance has been attached to this element: It is asserted by some who ought to know (tho denied by others—evidently to shield the President) that he smoked fifteen to twenty strong Havana cigars per day. What would one expect in a man nearly 60 years of age, fat, sedentary life, great mental strain, mental activity and worry for years with no exercise of a nature to develop vital physical energy, and a system saturated from tobacco smoking? If the case were an ordinary man, would we not at once say, tobacco heart? A. W. MITCHELL, M.D.
Georgetown, O.

Don't Deliver too Rapidly.—Typhoid Fever Aborted.

Editor MEDICAL WORLD:—It is not enough to use chloroform and instruments "cautiously." You must also be very sure that they are indicated. I use chloroform just enough to take the edge off the pains. I do not want my patients to be unconscious, because I want their help; chloroform pushed to unconsciousness predisposes to postpartum hemorrhage; so do forceps too early applied. Given a fully dilated os, it does not yet follow that the uterus is ready to be emptied. It is much greater misery to see your patient collapse from hemorrhage than to hear her moan-

ing. Forceps are indicated, if I remember Lusk rightly, when the uterine contractions fail to move the head, or when the patient shows signs of exhaustion, or, of course, in accidents like convulsions. I maintain that in the average case the uterus should have contracted and retracted for at least five or six hours before it is wise to apply forceps; and even then I do not deliver the placenta for one half to one hour later, in order to stimulate retraction. With such precautions I have avoided postpartum hemorrhage in women who always "flowed terribly" in previous labors.

Dr. E. T. Lewis asks whether typhoid can be aborted? Assuredly it can. I have aborted five cases this fall, and more than that number last year. To be sure, I did not in any case go bug hunting; i. e., I did not make a laboratory test, but the clinical picture was complete in every case, and one of them was myself. All were treated with castor oil or saline laxative to secure one or two free movements a day. W-A. intestinal antiseptic tablets (i. e., sulfocarbolates of calcium, sodium and zinc) every three hours until smell and appearance of dejecta were normal; diet and rest (except in my own case, for I attended to my practice all the time) and but few had to go to bed. All of them were up and about in one week, and ready to go to work by the tenth day. Error in diagnosis? I do not think so. We have plenty of typhoid here, and I have had my share of cases. If the clinical picture is there, if the patient feels ill and weak, he wants to get well whether the bacillus is found or not; and my treatment, which I have used in severe cases as well as in mild ones, and which I have found to be almost a specific, has been successful in every case without exception.

Roselle, Ill. H. J. ACHARD, M.D.

Chlorine Water in Typhoid.

Editor MEDICAL WORLD:—I have derived so much benefit from reading your valuable journal that I feel I should send in "my mite" with the hope of benefiting some other thoro brother. I have found, after a thoro trial, that chlorine water in typhoid fever is the nearest approach to a specific of anything I have ever used. I consider it (when used in conjunction with the Brandt baths) superior to any, and all other treatment.

Also, I wish to state that during an epi-

demic of diphtheria here last fall, I used antitoxin in a case of a little girl who also had whooping cough in the nervous stage. The diphtheria rapidly disappeared, and with it the whooping cough. Have given little ones immunizing doses of antitoxin per mouth with good results.

Davis, W. Va. IRVIN HARDY, M.D.

How to Meet Mean Competition.

Editor MEDICAL WORLD:—Your editorial in September WORLD on Physicians' Fees, and your advice to keep them up to a reasonable amount, strikes a responsive chord in my heart. To strengthen some wavering brother, let me tell a little incident that happened years ago in my own experience. In the good year 1890 I was practising on the line between Connecticut and Massachusetts, when, without the slightest fault on my part, I got into a controversy with a young physician in a neighboring town a dozen miles away. He "sassed" me in a letter, and I replied that while his remarks did not affect me any more than the bark of a little yellow dog would disturb the serenity of the silvery moon, yet if he repeated his "sassing" I would move right into his little bailiwick, so we could fight at closer range. He, taking my threat as a bluff, did "sass" me again, and within a month my shingle was hanging on the next house but one to his, without him having the slightest intimation of my coming. Of course he was thunderstruck; and, having the moral support of the "tin-god" of the village (the mill-owner), he made his brags that I was to be starved out in short order. Besides running around to every house and on every crossroad to revile and blackguard me, he also let it be known that from that day his fees were just one half of the usual charge; so he charged only fifty cents per visit, and ten or fifteen cents per mile for travel. Having already had ten years experience and good friends to advise me, I shut my mouth tight as far as my competitor was concerned—shut it tight. To be sure it was hard, awfully hard, to have those "dear friends" (blast them), found everywhere, who are so willing to run with tales to and fro among the different doctors, to come and tell you that this or that was said, and yet not reply; but I succeeded.

Regarding fees:—The regular charges used to be a dollar per visit and twenty-five cents per mile (I even charged thirty-

seven and one-half cents), and when any patient sought to reduce my charges by quoting what Dr.— charged or would have charged under the same circumstances, I simply told him that as far as I knew all men sought to get a remuneration somewhat near an equivalent to their service; and if a doctor charged twenty-five cents, or even ten cents per visit, no doubt he was the best judge as to the value of his work; and further, that I considered my services worth two dollars per visit, which I would charge if the patient was "rich," which, of course, they never were.

And what was the result, Mr. Editor? It simply was that Dr.— was starved, disgraced, and deserted by his better class of friends and patients, and was forced to move in three or four months. This, sir, is an absolutely truthful statement, and I believe all others situated as I was can succeed by following my example.

COUNTRY DOCTOR.

New Sweden, Maine.

The "Germ of Truth" in Irregular Medical Cults.

Editor MEDICAL WORLD:—A St. Louis medical journal informs us that all the "paths and isms" that have struggled into life, "one and all contain *germs of truth*, or they would have died—'died in the bornin'." Now, it may be objected to this "Brief" argument that the premises are not verified, and the conclusion not irresistible. Josh Billings once experimented, for the good of humanity, by swallowing samples of all the cathartic pills on the market. Like Josh, I have been experimenting, but along another line. I have been searching for those "*germs of truth*." The old rustic's simile of the hen that moved a ton of dung and found a grain of wheat holds good in my case. I have waded thru a ton of "metaphysical" literature. I have read "magnetic" and "psychic" journals. I have pried into the "occult secrets" of the "orient" and "occident." I have perused that blatant and blasphemous travesty on healing and religion published by Chicago's second or third edition of Elijah. I have pondered over the preposterous mush of Boston's female Messiah. I have reflected over the loud-mouthed pretensions of the absent treatment impostor. I have studied the "dynamic force of thought" and the "law of mental currents." I have examined the

delusions and hallucinations of opium and hashish fiends under the title of "spirit phenomena." I am familiar with the "mysterious arts" of the "necromancer" whose secrets you could not investigate and live unless you purchased them as directed. I did not follow directions but still live. In my anxiety to discover that "germ of truth" I descended in folly low enuf to read the puerile rhetoric of the osteopath and the crazy logic of the homeopath. I understand the theory and practise of fortune telling, palmistry, clairvoyance and astrology. I have investigated telepathy, hypnotism, demonology, et cetera, ad infinitum. But after floundering thru these quagmires of imbecility and mendacity I have discovered the "germ of truth"—the great law upon which depends all the success that the followers of these cults have. I presume I might develop, pad and expand this "germ" into a "mail course," copyright it and sell it as an "oriental, occult, psychic system," or something of that kind, but for ethical reasons, I shall not. Here it is: *Jolly a man and he feels better.* J. A. MULNIX, M.D.

Daws, Iowa.

[The Editor is not a homeopath, but he objects to this large, respectable and educated body of men being clast with the above mentioned. Yet it is the systems—or the literature of the systems—and not the men, that the Doctor mentions above. Progressiv homeopaths agree that much of their literature sadly needs "weeding out." Dr. S. E. Chapman, now of Chicago, the able champion of homeopathy, says in November WORLD, page 473, below middle of first column: "Upon its face, homeopathy is the most tremendous humbug ever perpetrated upon suffering humanity." He says this, we understand, of the literature, the logic, of homeopathy. But he confidently invites us to the test of actual trial. We do not understand that homeopaths, as a class, do any more "jollyng" than regular practitioners.—Ed.]

Tonsillitis.—Comparativ Statistics.

Editor MEDICAL WORLD:—A discussion of tonsillitis is timely this time of year. The only treatment I have found successful is as follows: magnesia sulf. to copious evacuation, 5 grains quinin t. i. d., and 1 or 2 tablets of protonuclein every 3 hours. This will abort an oncoming attack (premonitory symptoms, objectiv and subjectiv

are unmistakable), and will quickly cure a well deveLOPT case. Relief is prompt. Prophylaxis: keep feet warm and dry, don't wrap throat except lightly. Have tried the usual remedies as laid down in text books: tr. chlor. iron, chlorate of potassium, nitrate of silver, tr. guaiac, etc.—all without the slightest benefit except in very few cases.

In re homeopathy vs. regular school, I present a few facts. Dr. Routh of London has collected statistics of the Vienna hospitals and is corroborated by an independent party, Sir William Wilde, an eminent Dublin oculist who says: "I am bound to say that the cases I saw treated in the Vienna Homeopathic Hospital were fully as acute and virulent as those that have come under my observation elsewhere." Dr. Routh's statistics reveal these startling contrasts:

Name of Disease.	Homeo. Deaths. Per cent.	Regular School Deaths. Per cent.
Pneumonia.....	5.7	24.
Pleurisy.....	3.4	13.
Peritonitis.....	4.	13.
Dysentery.....	3.	22.

Here is a comparison of the five Mass.-state hospitals for the insane (year not given):

	ACUTE CASES		
	Cases.	Recoveries.	Per cent
Worcester (reg.).....	272	75	27.59
Taunton (reg.).....	176	66	37.50
Northampton (reg.)..	109	32	29.36
Danvers (reg.).....	210	53	25.48
Westborough (hom.)..	112	48	42.86

	CHRONIC CASES.		
	Cases.	Recoveries.	Per cent. Recoveries
Worcester (reg.)...	221	9	4.07
Taunton (reg.)....	124	6	4.84
Northampton (reg.)	79	4	5.19
Danvers (reg.)....	130	6	4.62
Westborough (hom.)	107	14	13.08

In an outbreak of typhoid fever in Melbourne in 1889 we have this:

	Cases.	Deaths.	Per cent. Deaths.
Melbourne Hospital.....	431	78	18.1
Alford Hospital.....	324	50	15.4
Homeopathic Hospital.....	305	22	7.2

The superiority of homeopathy in the treatment of cholera appears in an epidemic in Vienna in 1836.

	Cases.	Deaths.	Per cent. Deaths.
Under regular treatment....	331	140	42
Under homeop. treatment...	278	29	10

Of course at the present date the results may be entirely different. The above meager statistics are of course not at all conclusiv; they are given for just what they are worth. They are taken from Dr. Kennedy's "The Failure of Surgery in

Cancer," a small work which I recommend to all earnest students. The few figures given ought, however, to prove the title of homeopathy to a respectful hearing. Bigotry has no place in science.

THE WORLD's simplified spelling having been criticized, I may be pardoned for taking up the cudgels in behalf of our Editor. Have never heard a sound argument in favor of the conventional mode of spelling, while many good reasons can be given in favor of the phonetic. Can see no more sense in using a lot of purposeless letters in a word than in chopping down a tree with a stone when an ax is at hand. Then consider the enormous amount of time wasted in mastering our acrobatic spelling—time that ought to be devoted to the acquisition of genuine knowledge.

LOUIS KNAPP, M.D.

Quarantine, P. O., Mo.

Spasm of the Glottis.

Editor MEDICAL WORLD:—For some time past it has been my great pleasure to enjoy fellowship in the WORLD brotherhood. I feel at home here, because you have made the magazine just what the name implies: a medical world; made of all sorts of people. It is cosmopolitan, and every one seems to take his right place because there is plenty of room for all. It is said of Herbert Spencer that his refusal to receive the honorary degrees of so-called great societies, associations and universities was entirely in keeping with his character. A man of his insight of course could not be blind to the emptiness of any honor such institution might bestow upon him. Seeing that all such organizations were primarily founded to "separate the wheat from the chaff," so to speak, or more plainly stating it, to create and maintain an intellectual aristocracy, or, to modernize it, to form a trust on brains, he himself had entered too deeply into the heart of things to enjoy such glory.

The central feature of your valuable magazine is one for which you alone are primarily responsible, and the perpetuity of which depends entirely upon your own attitude. It is the spirit of truth which pervades every page. That spirit which seeks the truth alone. That spirit which censors not, but admits *all evidences* from *every source*. That spirit which judges not, but allows every man to be his own judge, guarded by the light from within. "The

kingdom of God is within you." "You shall know the truth and the truth shall make you free."

I myself was by heredity a Presbyterian and a Republican, by education a homeopath; but thank the Lord the light that enters my soul to-day does not enter thru the stained glass windows of any church; it is not dimmed by the shadow of any political party; nor are its rays deflected by the dogmas of any medical sect. However, I am not without faith, for no one has more confidence than I in the pure and simple teachings of the Nazarine.

I want to report a case because it represents a field of medical activity in which it has always seemed to me the law of similars, crude as is its application in most cases, is in these cases a great help to any man.

Six or eight weeks since Mr. P. age about 65 years, came to me about 11.30 a. m. "Doc, I haven't swallowed a thing for three days; I am most starved. I choked on a plum skin, and it's still sticking in my throat." I couldn't see it, but I thought I would try a suggestion coupled with a material reinforcement. My diagnosis was spasm of the glottis, probably due to hyperesthesia, either direct from some irritable spot or general from neurasthenic conditions.

So I inserted a probang clear down to his stomach, and when I found nothing on it after withdrawal, I informed him I had forced the offending plum skin into his stomach, gave him a glass of water which he drank to prove the way for a good dinner was clear, and I told him after he had eaten his dinner to come in and report. He went out well pleased. But after dinner he was sad and alarmed. Much to his surprise, his throat would not work yet.

Among the many other symptoms accredited to belladonna is that of spasm of glottis. Now other remedies have this same symptom, but this old man had blue eyes and a fair complexion, which are also supposed to belong to those most happily affected by the night shade; and those were all the symptoms I had to choose by. He got a small vial of belladonna 1x with directions to put 10 drops in $\frac{1}{2}$ glass of water and take a teaspoonful every hour if he could for a day, then every two hours for a week or two, and to report in three days.

I heard no more from him for about

three weeks, when he came in and entered into a most dramatic detailed description of how he had gone home, couldn't eat supper, thought he would die, sat up till one a. m. taking medicin, got up at daylight, went to the pump to test his "swallow" with fear and trembling, drank a dipper of cold water, sat down to breakfast, satisfied his hunger and had continued to do so until recently, when medicin ran out and he had had an occasional return of trouble; not bad, but he wanted more medicin. I heard from him yesterday and he's had no return of trouble. Now to size this case up:

Let not the ardent homeopath imagin that I am going to star it as a triumph for his dogma, or claim for it scientific accuracy. Oh, no! I will say that had I not been acquainted with the philosophy of Hahnemann I don't know how I could have disposed of the case so easily and simply. But I disclaim any aspect of scientific accuracy in arriving at the happy hit. And this is my criticism of homeopathy. It is not yet scientifically practised. Altho I believe homeopathy in the abstract is a science, yet as it stands to-day it is at best only a great aid to the physician in close guessing. I am aware a great howl is liable to arise from the quarters occupied by many of my brethren, but, my friends, I am willing and able to submit proofs to you that my statements are not guess work.

Now as to those of all other faiths: I am quite sure the "regulars" must admit that altho they might agree upon a diagnosis and upon a general alterativ, tonic and sedativ treatment, that when it came to a "showdown" of means they would present the greatest medley of hypophosphites, quinin, iron, strychnin, bromids, etc., and an unbiassed observer would find it hard to select his first weapon of attack therefrom were he compelled so to do. He would probably wind up by doing what we all do when we don't know what else to do—mix them all together and get rid of the case—either killed, cured or disgusted.

I am something of a hypnotist, but I can't see anything in this case for our friends of mental proclivities to glory over.

Were I a hydropath I would work his emunctories with hot packs; I would stimulate the cerebro-spinal and sympathetic systems by "hot and cold spines," and I wouldn't overlook copious enemas.

If my slight knowledge of osteopathy

fails me not, I should as an osteopath seek first for malpositions of cervical structures, muscles, bones, nerves and vessels. If found, they should be replaced as nature intended. Failing to find any material causes, I should carefully consider the case inductively. Assuming the existance of a small pharyngeal ulcer or irritable spot, I should trace the nerves supplying that spot to its source, then deductively I should search all lines of possible reflex activity to their organic termini. My toxic treatment, whether specifically directed to any organ or structure, or whether generally directed toward stimulation of all organs, would be determined by my success in locating a specific cause. A specific displacement of bone, muscle, nerve or blood vessel would obviously only require replacement. A failure to locate a specific cause would imply a lowered vitality with accompanying inactivity of all metabolic processes, and demand for the removal of the morbid effect, a general tonic treatment of the entire organism, thru activ stimulation of the great central nervous system, as well as specific attention to the great excretory glands.

It is high time we admit light upon the healing art from all sources. We can surely be no worse off for a breadth of view.

Jos. H. MEYERS, M.D.

Leslie, Mich.

"What's the Matter with Kentucky?"

Editor MEDICAL WORLD:—Dr Stone, of Lafayette, Ky., (Oct. WORLD, page 425) says he wishes some light on amenorrhea. He speaks of four cases, "which are only samples of a great many more" that never menstruated. I have practist in Michigan 28 years, and have never seen a case like his, tho I have seen one case that menstruated only twice. Would like to know if there are other states equal to Kentucky in that respect; and if not, what is there in Kentucky so peculiar? Have been trying to think and I make out: 1st, blue grass; 2d, whiskey; 3d, "colonels;" 4th, that so many are handy with their guns, but do not know which to attribute the amenorrhea to.

A. F. RANDALL, M.D.

Port Huron, Mich.

Dr. S. C. Lumley, of Leonard, Mich., writes: "I take great delight in reading THE WORLD, devouring it from cover to cover. It is the best and most practical journal I take."

(Continued beyond Yearly Index. Rates staples with a pocket knife, 14¢ Yearly Index out, and bind in front or back of volume, as desired. Don't forget WORLD Binder: 35 cents each, or three for \$1.00.

Treatment of Headache.

Editor MEDICAL WORLD:—In return for good suggestions received from THE WORLD, I offer the following: Good results will be obtained in the treatment of headache due to intestinal indigestion by the administration, twice or three times a day, of 10 grains each of tannalbin and ichthalbin. Have patient also take before breakfast one level teaspoonful of German cathartic salts, dissolved in $\frac{1}{2}$ glass hot water. In some cases an enema of warm water in addition is advisable at night. This may seem a great deal to do for "nervous headaches;" but if we can relieve cephalalgia of frequent occurrence for many years, even the foregoing will not seem too much for the patient to do.

BERNARD OETTINGER, M.D.
Denver, Colo.

From an "Officialist."

Editor MEDICAL WORLD:—If Dr. Pierce will carefully examine the lower orifices of the body in his case cited in Nov. WORLD, page 487, he will find a cause for his patient's trouble. It is the "sympathetic" that is involved. The "spot" is only a reflex symptom. My experience with this class of cases is that medicine given allopathically, homeopathically or otherwise will do but little good until official work has been done. If the Doctor will, under anesthesia, pass sounds to about 17 (American scale), wash out the bladder with boric acid solution, enlarge the meatus, free the frenum and circumcise if necessary, then thoroly divulse the anal sphincter, trim out any irritable points, as fissures, ulcers, pockets, papillae, piles, etc., also dilate the sigmoid, put his patient in bed for ten days, he will have the satisfaction of seeing his patient back at his duties and enjoying good health, putting on flesh, digesting his food all right, and sleeping well. If the Doctor has not had experience in this line of work, he would better call in some brother physician who has, to help him out.

If Dr. Nash, page 491, Nov. WORLD, will treat his patient in a similar manner, that is, "officially" (repair that lacerated cervix, remove the granulations of the endometrium, repair the perineum, free the clitoris and don't forget that unhappy and abhorred spot, the outlet of the great sewer of the system), he will soon see her digest her own dinner (and a good one at that) without the aid of digestants. In fact all

organs controlled by the sympathetic will soon work properly, and health will be quickly established. First remove the thorn in the flesh, then give your tonics, especially positiv electrification and positiv breeze; then you will get results. There are more ways than by medicine to cure disease. I cannot, from much experience, agree with the Editor that the gastritis is the sole trouble; it is only a symptom, in my opinion. The above treatment has so demonstrated it to me many, many times. I am glad to find a journal that is not an exclusiv dogmatic affair. No "ism" contains all the truth. Success to THE WORLD.

St. Paul, Minn. E. HUBBELL, M.D.

[It will be easily recognized that the Doctor is an "officialist." Official surgeons claim great results from operations on the orifices of the body. They are creating a literature on this method of treatment. Their enthusiasm is doubtless developing and establishing much good practice; but like all enthusiasts, they claim more for their methods than mature experience will justify.—Ed.]

Inflammation in the Antrum.

Editor MEDICAL WORLD:—Dr. W. H. Lancaster's case, page 485-6, November WORLD, reminds me of exactly the same symptoms I experienced last spring, caused by inflammation in the antrum of Highmore, following the grip. I endured it about two months, and then had the antrum opened thru the maxillary bone, which caused the symptoms to cease at once, and they have never returned. However, there is some discharge of pus yet. I am of the opinion that there is pus burrowing in the bones of the head somewhere, and that the patient is absorbing more or less of it continuously. I have never considered myself competent to write for a medical journal, and especially for THE WORLD. I have been a reader of THE WORLD for many years, and now as I am passing down the declivity of time, I enjoy its pages more than ever. The young men of to-day ought to be wiser than the old men, for their advantages are certainly much greater, for which I am thankful.

W. C. SMITH, M.D.
Franklin Grove, Ill.

Dr. H. R. Butler, of Atlanta, Ga., sends \$3 for four years and says: "You are a great help to me in my practise. Put me down in the four year column."

Dr. H. Rosahnsky, of Brooklyn, N. Y., sends \$1 and writes: "THE WORLD gives me great satisfaction and pleasure. This is my fourth year's subscription."

Hyperchlorhydria.

Dear Editor:—I think that the Doctor's wife, spoken of on page 461, has, among other things, hyperchlorhydria. I have had such success with the following prescription that I take the liberty of sending it to you:

Acid, hydrochloric, dil.....3j
Atropin, sulf... ..gr. †

M. Sig.—Take five drops in water half an hour before each meal. Increase up to ten drops if necessary.

The trouble is an excessiv secretion of gastric juice. If that is true, the above will stop it. GEO. T. MOSTON, M.D.

Albany, N. Y.

Editor MEDICAL WORLD:—In answer to Dr. J. Ewell, page 488: Ten to twelve parts of water and one part of ammonia will preserve soft rubber any length of time. Keep rubber pipes, etc., in a glass jar filled with the above solution. Use for your ammonia bottle a rubber stopper; it is better than a glass stopper.

Roseburg, Oregon. F. G. OEHME, M.D.

Report From Dr. Ballard.

Editor MEDICAL WORLD:—I desire to thank my brother physicians, especially those who wrote me privately, for their kindly suggestions in regard to the treatment of my daughter (see September WORLD, page 398). I tried the cimicifuga tr., which seemed to make her worse; and then the homeopathic tr. of pipsisewa, which seemed inert. I now have her on iron, quinin, strych. and arsenic, with pil. cascara co. as a laxativ, and think she is slowly improving. Nearly every remedy recommended I had already used in different combinations. As I stated in my first communication, I still believe her trouble to be a case of chronic malaria, causing severe congestiv headache, and I now think the above treatment is going to cure her.

H. F. BALLARD, M.D.

Chenoa, Ill.

In a gracefully worded letter (but too long to publish) Dr. W. T. Risque, of Paynes Depot, Ky., expresses his thanks to the many brethren who kindly offered help to him in the treatment of his case of goiter. He is surprised at the readiness of the WORLD "family" to help in a private way, and as the letters were too numerous to answer singly, he wishes to thank all thru the WORLD. He has his patient on the treatment recommended by two of the correspondents, and he thinks she is improving. He wishes that the "Talks" could be "stamped on the mind and heart of every American citizen." The suggestion to have the "Talks," or parts of them, copied by your local paper, has often been made.

Echoes From the Test Cases.

[The test cases have proven to be prolific producers of manuscript, much to the embarrassment of the Editor. Care must be taken not to allow such matter, however interesting, to crowd out other important matter. For this reason, and in order to avoid too much repetition of the same ideas by different correspondents, we are unable to publish many communications received. However, other test cases are ready to be "sprung," and we will continue this feature for the present, but with due regard for other interests.—ED.]

Editor MEDICAL WORLD:—Complaint is made that in my test cases I did not give a sufficient detail of history and symptoms. In reply to this I wish to say that hundreds of physicians in Mississippi prescribe successfully every year for hundreds of just such cases as I have given, with no other symptoms than those I have given, *and without seeing the patient.*

Kendrick, Miss. C. KENDRICK, M.D.

Replies to Dr. Kendrick's Test Cases.

Editor MEDICAL WORLD:—On page 412, October WORLD, Dr. C. Kendrick asks treatment of two test cases. Having had ten years' experience with such cases without a death, I will give you my procedure, slightly modified to suit the case. In the first case I would give four doses of calomel, about two grains each, every two hours, to stimulate the liver. Two hours after last dose I would have a saline given if bowels have not acted freely. One hour after first dose of calomel I would begin and continue every four hours the following:

Quinin bisulf. dr. †
Dried sulf. iron grs 8
M.ft. caps. No. 8. Sig: One every four hours.

Treatment seldom fails to stop disease at once.

In second case, I would give a hypodermic of quinin bimuriate, two grains, at once; to be repeated in two to four hours if I can get back to patient. Would put him on calomel and subnit. bismuth aa five grains every two hours till four doses are retained, followed in two hours by a saline. Also would give quinin bisulf, six grains every two hours till four doses are given, then four hours apart.

Try to control vomiting with

Gum camphor dr †
Spts. Chloroform dr l

Sig.—One to two drops every half hour in spoonful of water. As vomiting and nausea are relieved, the above is given further apart.

If above remedies fail in four hours to

check vomiting, I apply cantharidal or mustard plaster on epigastrium. Where stomach will tolerate it I give

R
 Tr. Gelsemium ʒj
 Tr. Aconite mxvj
 Spts. nitrous ether q. s. ʒj

Sig.—Teaspoonful every two hours till kidneys act freely and pulse beat and temperature are reduced to nearly normal.

Longstreet, Tex. W. E. KIDD, M.D.

Editor MEDICAL WORLD:—Permit me to throw in my mite in the discussion and treatment of Dr. Kendrick's test cases. Burn or print these lines as you see fit, and still I shall be open to confess that out of five monthly journals THE WORLD is the most practical, useful and welcome one that comes to my desk. Living as I do in a malarial district, I have seen many such cases as Dr. C. Kendrick describes. He gives few symptoms and omits many no doubt; yet quite sufficient to convince me that both are suffering from malaria, caused by a double infection of the tertian parasite. Therefore before treating malaria we should study the pathology of the disease, and thus save our quinin; also patient from disagreeable and often injurious after-effects. The action of quinin is more marked upon the young extracorporeal bodies, and very slightly upon the parasite during the corpuscular phase of its existence. Therefore the administration of quinin a few hours before an expected paroxysm will not prevent its occurrence, because at the time of its administration the parasites, being within the corpuscles, are in that phase of their existence during which they are least susceptible to the action of the drug. Segmentation is not prevented, therefore, and the paroxysm occurs; but the resulting free young segments are destroyed, and their further evolution cut short, so that the next succeeding paroxysm is averted. It follows then that quinin should be administered from twelve to four hours before the expected paroxysm, so that the maximum influence of the drug shall be obtained at the time of the sporulation of the parasites, for the reason above stated. It exerts but little toxic influence upon the parasites as long as they remain within the blood corpuscles.

Being called to the bedside, as we generally are, after the chill is over, I would prescribe for Case I as follows:

Order him to remain at home and shun the swamp.

R

Hydrarg. chlor. mit. gr. j
 (Local purgative and indirect cholagog.)
 Sodii bicarb. gr. ij
 (To aid the intestinal juice in the reduction of the calomel and to prevent ptialism.)
 Phodophyllin gr. ss
 (Direct cholagog.)

Acetanilidi gr. iij
 (Reduces fever, relieves headache and griping.)

Caffeinae citratis gr. ij
 (Heart stimulant to counteract acetanilid; aids in relieving headache and acts as a diuretic.)

Ft. capsulae No. 4. Sig.—One every hour till all are taken, to be followed in from four to ten hours by a saline.

Ten hours before the expected paroxysm begin quinin sulf. gr. iv. every three hours till three doses are given, repeating next day. In forty-eight hours' time the chills will be broken, but I now order quinin gr. iij t. i. d. for two or three weeks; also a tonic:

R

Syr. hypophos. co. (hematic) ʒiv
 Liquor potassii arsenatis ʒiiss
 Aque q. s. ʒvj

Sig.—Two teaspoonfuls in water after meals.

Small doses of quinin and tonic to be given from two to six weeks until satisfied that the patient's blood is repaired enough to resist the germ.

Case 2 is of a more malignant character, therefore must have immediate and careful treatment. Cold wet cloth to his head. Check vomiting by giving small pellets of ice swallowed whole, which will also relieve thirst. Mustard plaster to the stomach until it gets red, and a cold wet cloth on the neck just above the sternum. Purge by giving some capsules as given to Case 1, but this man may vomit some, so give one every hour till four or five are retained, followed in four or five hours by a saline. Diuretic: Spts. ether nit., m. x to xv until desired effect is reached.

The great depression should be combated by strychnin and digitalis, and patient sustained if necessary by enemata of whiskey and peptonized foods.

Ten hours before expected paroxysm quinin sulf. gr. iv every three hours till three or four doses are given. If his stomach will not retain the quinin sulf. it may have to be given by hypodermic injections.

This man is not likely to have but one

more chill; yet he is a sick man, and will have to keep his bed for a week or more. After forty-eight hours I would reduce the quinin to gr. iij t. i. d., and give tonic as in Case 1, not forgetting to give arsenic in increasing doses. Diet must be milk, eggs and liquid food for the first few days, because the stomach will not retain solid food.

I hope I have arrived at the bedside of these victims before the homeopaths have drowned them by giving nat. mur. 200 x, or choked them on their little pills, because I know I can cure both by administering purgatives, quinin and tonic.

E. J. McLENNAN, M.D.

Malta Bend, Mo.

Editor MEDICAL WORLD:—I am a new arrival in your lively WORLD "family." If you think my method of treating the two "test cases" given by Dr. Kendrick worth giving to your readers, all right; if not, you will oblige me by giving it a place in your waste basket. In order to exactly meet the wishes of the writer from Kendrick, Miss., I will confine my remarks to the means I would employ in curing at least the first case within twenty-four or forty-eight hours, as demanded by the Doctor. Case No. 1: We are dealing here, as we all know, with two cases of quotidian intermittent fever, where two groups of Laveran's hematozoa coexist and sporulate on alternate days. As stomach is quite tolerant in spite of the threatening appearance of the tongue, I would give him at once 5, or may be 10 grs. of calomel with bicarb. soda, to be followed four hours after by a seidlitz powder, to be repeated if necessary after a few hours. There now existing a great hepatic activity, I would give 10 to 15 grs. quinin every four hours, and if I have time to give three or four doses of quinin before the next paroxysm should appear, ten to one it will fail to materialize. Attention to the digestiv functions, and the continued use of quinin for a time ought to make a sure cure of this case.

Now for case No. 2: As in this case there is yet some pyrexia on second night of attack, there is danger of its merging into the remittent type unless arrested at once. If called during the second paroxysm, finding stomach very irritable, I would give patient $\frac{1}{2}$ gr. each, calomel and bicarb. soda every fifteen minutes for

the double purpose of checking vomiting and increasing the secretions of the gastrointestinal glands. Would stop at 1 gr. Would apply sinapisms to the epigastrium, and give bits of ice to suck. Next in order I would administer sulf. codeine, gr. $\frac{1}{2}$, subcutaneously, as a nervous quietant; then pilocarpin, gr. $\frac{1}{8}$, to promote both diaphoresis and diuresis. As soon as stomach has settled, would give seidlitz powders every two or three hours until free catharsis. I should now consider prophylaxis of a chill, and if I can be with patient, would give him quinin hydrochlorate, gr. xv hypodermically, which I would repeat after six hours, and give same dose per rectum every four hours, until stomach is able to retain the drug, when I would give it per orem with other antimalarial remedies as indicated by the case.

E. LaBRIE, M.D.

Pleasant Grove, Cal.

[In a long and large editorial experience, we have noticed that a communication coming from a man who is modest enuf to suggest that possibly his contribution should go in the waste basket is almost invariably worthy of publication (tho we are not always able to publish all good communications, owing to lack of space, exhaustion of subject, etc.). Modesty and ability usually go together.—Ed.]

Editor MEDICAL WORLD:—The cases of Drs. Chapman and Kendrick are more than mere test cases for the selection of the curativ remedy. To a limited extent they illustrate a distinctiv feature of each school of practise, viz.: Dr. Chapman individualizes that he may treat the patient; Dr. Kendrick generalizes that he may treat the disease; Dr. Chapman has given the symptoms of the patient that each reader can be his own judge of the condition; Dr. Kendrick has given his construction of the symptoms, his diagnosis of the disease, on which we are to select the remedy. Hence these cases are not taken as a homeopath would take them, consisting chiefly of negativ conditions, yet the first one is comparatively clear:

Chill, daily at 10 a. m.

Stages of the paroxysm: chill, heat and sweat, are regular.

Apyrexia clear; appetite good.

These symptoms call for quinin and no other remedy; and to obtain the most prompt and permanent curativ result, it

should be given in the dynamic, rather than crude dose.

The second case is given in such ambiguous terms that the remedy can only be "guessed" at. No homeopath would think of attempting to select a remedy for it. The anticipating type and the vomiting are common to many remedies. "When in doubt play trumps"—quinin—would be too empirical to satisfy the demands of scientific therapeutics.

Chicago, Ill. H. C. ALLEN, M.D.

Editor MEDICAL WORLD:—In the October WORLD we have another test case, which the Editor thinks a much fairer test than Dr. Chapman's; and he gives an invitation to the homeopathic members of the WORLD "family" to prescribe, but necessarily with a qualification. Dr. Kendrick has given enuf symptoms for anyone to diagnose malarial fever, and for which every allopath in the land would prescribe quinin; but for a homeopath to prescribe intelligently very much more than this is required. We must know about the comparative length of the several stages of chill, fever and sweat, and the concomitant symptoms. Is the patient thirsty in the chill, the fever or sweating stage? Does he crave cold or warm drinks? Small or large quantities? and whether frequent or otherwise? In fact, every symptom that the case presents ought to be furnished. Thus having the full picture before him, the homeopath will be able to select such symptoms as he deems important, on which to base a prescription.

Now let us examine the cases before us with the light as we have it. In case No. 1 we have only two features on which to prescribe—the fact of periodicity and a ten o'clock onset. For the former we have several remedies: Quinin, cedron, sabina and others. For the latter we have, together with regular order or periodicity, nat. mur. very prominent, and for this case, provided the symptoms we ought to have do not contraindicate it, we would give nat. mur. in the 30th or upward, and it will cure promptly. Quinin in large doses will suppress this case and seem to cure.

In case No. 2 there is the same lack of fullness and detail as in No. 1; but taking the case as given, we have nausea and vomiting, restlessness and long continued fever stage, all of which are covered by ipecac. If we had the modalities of the

case and found that the patient desired cold and was thirstless, it would be more confirmatory; but as it is I prescribe ipecac with an eye on arsenicum; either remedy, if indicated by the symptoms we have and those we have not, will stop that vomiting, relieve the fever, and if not preventing another paroxysm entirely—which Dr. Kendrick fears will bring dangerous symptoms—will change a case with dangerous possibilities into a very simple case of malarial fever, and ultimately cure it entirely. I am very much pleased with THE WORLD, and enjoy its subject matter very much. P. L. MACKENZIE, M.D.

Portland, Oregon.

Dr. Chapman's Case.

Editor MEDICAL WORLD:—I am somewhat interested in Dr. Chapman's case of pneumonia. I will offer my prescription as an evidence that the homeopathic law of prescribing is an exact one, and is not a practise of "routine or favorit prescriptions." I have worked the case out as follows:

Affection of right lung—pneumonia: Phos., kali bi., ant. tart., etc.

Pleuritic pains in right hypochondrium: Phos., kali bi., ant. tart., etc.

Sputum rust colored: Sang., phos.

Sputum dirty: Kali bi. and phos.

Sputum very tenacious: Ant. tart., kali bi., phos.

Sputum adheres to vessel like glue: Ant. tart., kali bi., phos.

Sputum flies to pieces like batter when falling on paper (peculiar): Phos.

Hepaticization of right lung, especially lower half: Phos.

Phosphorus covers the "totality" of the symptoms, besides it has the most "peculiar and unusual" symptoms, and therefore I should say that phosphorus is the "similimum"—the *indicated* remedy; and given in the proper potency and dose, it will surely cure the case of pneumonia. No other remedy should be given at the same time, and no poultices are necessary.

Antimonium tartaricum, sanguinaria canadensis and kali bichromicum are remedies which should be closely studied and compared with phos. in this case.

Utica, N. Y. DR. CHAS. E. ALLIAUME.

Editor MEDICAL WORLD:—It seems to me, and I doubt not to others of the school of medicine who cannot figure out life and death with the mathematical surety which

our homeopathic friends claim, that Dr. Chapman's *ex cathedra* statement on page on page 480 in your November issue, surpasses scientific truth. Dr. Osler, in the third edition of his *Practice of Medicine* cites a case almost identical with Dr. Chapman's famous case, where under most unfavorable conditions and without a dose of medicine, recovery took place.

R. J. WARD, M.D.

East Barrington, N. H.

Light as a Therapeutic Agent.

EDITOR MEDICAL WORLD:—Replying to your inquiry for particulars regarding the methods of using light therapeutically, as mentioned in my communication on page 440, October WORLD, I will say that to enter into details would require more space than is usually accorded a contribution to THE WORLD. I will say, in a general way, that after experimenting with many forms of lamps, I am using an incandescent lamp and condensers especially constructed for this work. To be effective, the light must be very powerful. With the proper rays of light, a long list of pathogenic germs are easily destroyed.

First in the order of their destructibility I place the bacterium of pneumonia. At this point, permit me to call your attention to the important fact that we have escaped from the realm of uncertainty, where we have been hoping to cure disease by some mystical "tissue metabolism," and are operating under fixed and well known laws. We cure nothing. We kill. We kill the germ and nature makes the cure.

If certain powerfully concentrated rays of light be thrown upon the lungs during the first stage of pneumonia, the result will be the entire destruction of the bacteria within fifteen minutes; and a slight feeling of lassitude, which will pass in a few hours, will be the only unpleasant result of the attack. If the pleura be affected and the pain and dyspnea be never so severe, both will be entirely relieved within from two to five minutes. I have seen the most agonizing pains of pleurisy and rheumatism of the heart completely relieved in two minutes. I have never seen a failure.

Closely following this comes the germ of cancer. Cancer of the breast is easily eradicated—more so than any other of the group. Cancer of the cervix uteri I have found most difficult to dislodge, but it can be done. The lancinating pains

and soreness which accompany cancer of the breast are entirely relieved in two or three minutes—nor will they return if the treatments are continued.

Appendicitis is readily overcome, but it requires three or four treatments and must receive attention before the formation of pus. It affords immediate relief.

These rays readily destroy lupus and all other diseases of the skin which are caused by the bacterium of tuberculosis.

Most important and far reaching in its results is the destruction of the bacterium of tuberculosis. That this is *easily, safely* and, I may say, *pleasantly* accomplished, is no longer a question of experiment or doubt. I do not mean that an occasional case may recover, but that all in the first stage are curable. The same is true of the second stage—barring complications, which are more frequent than in the first. It becomes, then, of the greatest importance to know at what stage and under what conditions the prognosis becomes doubtful. My case book furnishes a large number of recoveries and, unfortunately, failures also. From these I have, in a great measure, been able to determine the laws and general conditions under which the recoveries occur.

Where the disease is far advanced, emaciation very marked and respirations over thirty, recoveries are exceptional.

Cases of this description usually experience a certain amount of relief, and occasionally recover and become robust. The rapidity with which the lung tissues recuperate is quite remarkable. But I wish to emphasize the statement that a very large percentage of these far advanced cases will prove fatal, regardless of the seemingly improved condition during the first few days of treatment.

After the formation of cavities and the occurrence of hemorrhages, even the severe, recoveries are frequent.

The bacteria can be destroyed at any stage of the disease. The question of recovery hinges upon the recuperative power of the individual. In determining this question I have, therefore, learned to place greater reliance upon the general condition, than anything revealed by percussion and auscultation.

In a given case the effects of light are the same, whether the disease be hereditary or acquired.

It will be admitted that the germs will be destroyed with equal facility in these cases. Nevertheless, we are almost com-

pelled to doubt the ability of nature to give the contracted chest of the hereditary consumptive a robust contour. But kill the germs and see how quickly the chest and muscles round out, denying all former influences of the disease. Not infrequently the gain in flesh amounts to fifteen pounds in a month.

These light rays not only possess the power of relieving certain pains almost instantly, but they also possess the power of controlling the night sweats of phthisis. The first application frequently puts a stop to this unpleasant feature of the disease. The exceptions to this usually prove fatal.

During administration of light the temperature usually rises .5° to 1.5° F. The application is always grateful and is often followed by refreshing sleep.

During the first stage there have been no failures. The same is true of the second if uncomplicated. But in the third stage, especially where there is great emaciation, the percentage of recoveries is small.

In this connection I again desire to call attention to the frequent failures and disappointments attending the treatments of those far advanced in the disease. But no number of failures in this class of cases can seriously detract from the value of a discovery which will cure practically all during the first and second stages, thus making it possible to eradicate the disease from the earth.

With improved lamps, which I am now installing, I hope to save a larger percentage of these third stage cases. During this period the diagnosis should be governed by the following rule:

Easy and copious expectoration with little effort, accompanied by substantial increase in weight, indicates progress toward recovery regardless of the stage of the disease.

This is but a brief outline of the results of two years of investigation of a subject which is fraught with such important possibilities and such vital interests, that it must in the near future exert a powerful influence upon the practise of medicine.

In a large measure the success of these investigations is due to Mr. C. T. Rogers, who has devised the lamps and appliances which have been required from time to time.

CONDON E. ROGERS, M.D.

Seattle, Wash.

[A short time ago we were favored with a call by Dr. T. D. Crothers, of Hartford, Conn., the genial editor of the Journal of Inebriety. During lunch he said: "We

are trying a new thing up our way, and I want to 'put you onto it.' I have fitted up a small room, about four by six, with one hundred incandescent electric lights, with reflectors. I put a patient into this room perfectly nude. The duration of a treatment is from four to ten minutes—a patient cannot stand more than ten minutes. Soon after entering the room he breaks out into a profuse perspiration, and after the treatment he usually takes a refreshing nap." This is all the Doctor claimed to know about the matter, but he is investigating, and he has had prominent electro-therapeutic authorities at his house to investigate the matter. The Doctor now takes light treatment instead of the Turkish baths in which he formerly indulged. His parting remark was, "Come up and visit me and take a light treatment," which we promise to do.—Ed.]

What Shall I do With My Boy, Threatened With Tuberculosis?

Editor MEDICAL WORLD:—I have been in practise 25 years, and during that period have seen much of pulmonary tuberculosis, and have yet to see the case that could be indubitably attributed to another, except thru heredity; and I have also yet to make the acquaintance of the doctor who has seen an indubitable case. All doctors of years of practise can tell of a number of single cases in various families, but how many reliable and observant doctors are to be found that will testify to having seen a case that was clearly, positively, indubitably attributable to contagion from another. There is now within a half-mile of my door, in the last stages of pulmonary consumption, a young woman of 20 summers, whose aunts, on her father's side, died of consumption before she was born. Her father and mother are both living and in fair health. Strange the bacilli of her aunts should hold themselves in reserve for 22 or 23 years for this particular girl, refusing to assail the great number of persons that have lived and slept in this same house, since 23 years ago. Where did they secrete themselves all that time, and on what did they subsist?

I am now in my 50th year, have a sister and brother, two and four years younger. Our father died of pulmonary consumption, when we were young children. Three of father's brothers also died of the same disease. Mother died,

years after, of an entirely different trouble. I see now in my third son every indication of consumption. This part of the evidence is to me, of course, quite a serious matter. This boy is mentally bright, quick, learns without apparent effort, has light hair, is impulsiv, irritable, and somewhat above the average in size. What shall I do with my boy? Is it worth while, so to put it, to educate him? Looking along the years to come, it appears to me that I might as well let him spend his time hunting and fishing. Who will help me out of this grievous difficulty? Would keeping this boy from the regions of the tubercular bacilli save him from a premature grave?

Tell me, please, how he may be kept from those consuming bugs of the bacteriologist, or how they may be kept from him. Why is it that these bacteria, about which so much is written, and yet about which so little is known, should seek boys like this one of mine? That these micro-organisms bear a causal relation to tuberculosis, I call in question. In view of the fact that we have tuberculosis with us all the time, and so few cases with even a suspicion of having contracted it from another, I hold that there is much talk about tuberculosis that is blatant nonsense. By using such characters as the assassin of McKinley for experiment, all doubt might quickly be dispelled, and such might, and should, be made to serve humanity.

Allen, Md.

J. I. T. LONG, M.D.

Climatic Cure for Consumption.

Editor MEDICAL WORLD:—Viewing consumption from a broad platform, we find that it is a disease which we may justly denominate our great chronic calamity; for it is the greatest calamity we have to deal with, since the annual death rate from this scourge amounts to more than 100,000, or about eleven deaths every hour in the year. Pause to consider that the majority of those who pass out of this life from this malady are taken from amongst our active young or middle aged—those who have passed thru the childhood contagious diseases. If we were to undertake to estimate the cost of our National chronic calamity where would we end computing? It has been estimated that an active healthy artisan between the ages of twenty and fifty years has an equal value, financially to the commonwealth

and nation, to an engine or manufacturing plant costing ten thousand dollars and earning six per cent. profit. In this estimate we do not take into account the value of that artisan to his home and family. If this estimate is a fair one, and it is fair to estimate that one-fourth of the deaths caused from consumption takes our active artisans, then in round numbers the whole country sustains a financial loss of \$15,000,000 annually. In other words, if no artisan died from consumption, the Nation would be blest in its upbuilding and prosperity to the extent of \$15,000,000. Is there any way to stop any portion of this great loss? if so how can it be done?

In my humble opinion we should first determine in the most practical scientific manner the actual causes of consumption. We already have some valuable data gleaned from reports of our foreign neighbors, which almost, if not entirely, exclude the idea of heredity as a cause. We now have the pronounced declaration from Prof. Koch, the great tubercular experimenter and acknowledged scientist, to the effect that there is no danger from taking the disease by contact with our domestic cattle. Our leading bacteriologists tell us that we are to believe that one of the great dangers of contagion in this disease is from dry-sputa dust in our homes and in halls, churches, schools and streets. I make no special claims to modern scientific methods of research, but I do claim that the Dr. Henry I. Bowditch theory is the nearest correct. He declared and published many years ago that "an excess of moisture in the ground" is the most prolific cause of our great National "white plague." I have from my humble experience been contending that the bacilli are the result, and not the cause, of consumption.

Let us apply our common sense science to the Dr. Bowditch theory of excessive moisture in the ground. If you will take my word, and data gleaned from various sources, I will inform you that, whether in New England or New York (I mention these states because of the excessive death rate from consumption over and above those of our states west of the "great river," or any other state within the consumption belt), we find circumscribed localities where the death rate from consumption greatly exceeds those of certain other localities. These places are in some instances only separated by a few miles.

But in every instance where I have made observations and comparisons, I find the excessive mortality from consumption within the districts where bogs, sloughs and other excessively moist places are found. I also notice that these moist spots usually rest on a clay subsoil, which rests upon a granit substrata. When we apply our weather bureau statistics to these spots we find in winter excess in cold, and in summer excess in heat, compared with those dryer, more porous and evergreen tree sections. Looking still further we find in the excessive moist places even in summer an excess of colds and catarrh prevailing, and likewise excessive mortality from consumption, pneumonia and other lung troubles. Here in Wisconsin this condition is marked. More than half the deaths from consumption recorded in this commonwealth are credited to the lower third of the territory of the state, and in the northern third there is scarcely any such mortality. I have not yet made personal investigation of our southern states, but from what I glean from reading reports, I judge that Kentucky, Tennessee and the Carolinas have sections, or spots, wherein the death rates from consumption equal those in New Hampshire or Vermont per thousand inhabitants. There is no state amongst those denominated the consumptive belt wherein there are not sections that are nearly immune from consumption. We find that while some counties have a death rate of three to the thousand population, others have only one to the thousand annually. In an article like this it would take too much space to go into details. Suffice it to relate that more than 50 per cent. of the victims of consumption can find, in their native state, locations where they can "swap" bad fitting climate for one in which recovery is certain, if wisely selected. The state of Maine may find for her worst afflicted county (Waldo, which is my native), the best fit in Aroostook County, where so few natives die of the scourge. Androscoggin County is about equal to Aroostook, while Kennebec, a near neighbor, suffers more.

According to published information, which I take for granted to be correct, I find the death rate in New Hampshire and Vermont from consumption to be 2.4 to the thousand population; and in New Hampshire we find about thirty-seven people to the square mile. We find Merri-

mac County has three deaths per thousand annually from consumption, while Coos and Cheshire counties are afflicted with the plague to only half that extent. In Vermont we find thirty-four to the square mile, and in Orange County 3.5 deaths per thousand from consumption, while Franklin and Windham counties are nearly immune.

In Massachusetts we find a population of 240 to the square mile, and we find 2.9 deaths from consumption to the thousand for the whole state, and two counties afflicted with a loss of three to the thousand. Boston loses 3.3, Lowell 3.5 to the thousand. Berkshire and Franklin counties are the least afflicted; Barnstable and Essex counties worst afflicted. This commonwealth is leading other states in establishing a hospital for consumptives, but I regret to say that the site has been chosen from a geographic, rather than a scientific standpoint. This was a grand undertaking by a great commonwealth which had been for generations carrying some 5,000 of her brightest and most promising young people annually to untimely graves. In my judgement any other state can rescue and save many victims by finding the most immune section in the commonwealth regardless of nearness to the center of population, or the geographical center, then instead of expending large sums of money in permanent buildings, let there be ample dining-rooms to feed the assembled multitude of invalids, and let them be employed by the hour and paid a fair compensation according to ability to earn, and hours enough to cover the cost of home comforts in tents or cabins, and be kept in the open air as much as circumstances will permit. Instead of calling such a plant a hospital for consumptives, or in any way alluding to it in a pessimistic way, call it a State Health Park. And why do this way? Because within one generation, if all goes as it ought, we will not need the Park for consumptives, but for the general good health of all the people. In this way the state will do the greatest good to the largest class of invalids, by giving each victim a chance to work out his or her own rescue without becoming dependent on the taxpayers. Dr. Millet, of Brocton, Mass., has proven that a very large per cent. of indoor workers suffering from consumption can be radically cured by sleeping in the open air on house-tops, and keep up

their indoor work while regaining health. Brocton is only about two hundred feet above sea level.

Passing into Rhode Island, where we find the most densely populated state in the union, we find a loss of 800 people annually. The most afflicted county is Providence, and the least is Kent, with only 1.3 to the thousand population. This state with its \$3,000,000 New State Capitol building, is already considering the feasibility of establishing a State Health Park. Connecticut is on a par with Rhode Island, and has Litchfield nearly or quite as immune from consumption as is Berkshire County in Mass. Leaving old New England with her 10,000 victims of consumption, we will briefly call on the Empire State to find that she carries about 15,000 of her brightest young people to untimely graves every year. We find two institutions devoted to the treatment of tuberculosis. One at Saranac Lake, where Dr. Trudeau is in charge and makes this report: "Studying the gross results on 1,200 patients admitted during the past fifteen years, the result is as follows: 23 per cent were cured, 56 per cent were discharged with disease arrested or much improved, 19 per cent were discharged as stationary or unimproved, and 2 per cent died in the institution." As I understand it, the Doctor admits patients suffering in all stages of the disease. Another younger institution we find near Liberty, in Sullivan County, from whence as yet we have no published reports, but we learn from data from whence we gather our other information, that Sullivan County is almost immune from the disease amongst the natives of that county. Notwithstanding New York is a large State in territory, we find 120 people living there to the square mile, and that there are 2.2 deaths to the thousand inhabitants each year. There are 29 counties in this Commonwealth where the death rate from consumption is recorded to range from 1.1 to 1.6 per thousand. Sullivan, Kings and Alleghany are the least afflicted, only having 1.1 to the thousand.

In Pennsylvania and both Virginias we find that consumption claims about two victims annually to the thousand inhabitants. There are five counties in Pennsylvania where the rate is two and above. In Mifflin county it is recorded at 2.7 per thousand. There are thirty four counties

in Pennsylvania having a rate of 1.5 or less to the thousand. There are three counties reported to have less than one death per thousand per year; these are Union, Elk and Potter counties. Maryland is afflicted to the extent of having 2.4 to the thousand, in the State; Baltimore is on a par with Boston, and Garrett county is reported to only have 0.9 to the thousand. The District of Columbia is the worst afflicted with the "Great White Plague" of any territory of equal size in the Union, having 4.4 to the thousand and Washington City 4.1.

I suppose some of the readers of THE MEDICAL WORLD will be surprised to know that Tennessee loses 2.4 people to the thousand annually from the scourge, and that Hamilton, Washington and Lincoln counties are recorded to lose 3.0 per thousand, while Lauderdale loses 3.3, Obion 3.7, Giles 3.5, Wilson 3.5, Marshall 3.6, Murray 3.7, Sumner 3.8 and Robertson 4.6, while Claiborne and Jackson counties are recorded with less than one death from consumption to the thousand. Kentucky is very similar in its consumptiv death-rate to Tennessee. Marion County has 3.7, Boyle 3.9, as I find them recorded; while Carter, Clay and Floyd are nearly immune from the scourge. I have thus enumerated the worst afflicted commonwealths in the country, and I denominate these as being within the consumptiv belt, because of the excess of death-rates from consumption.

We find a decreasing mortality from it as we travel from these hotbeds of the disease toward the great west. There are but few counties west of the Missouri River where the native population are afflicted to any great extent, and there are many places to be found within the borders of our old American desert (now the Garden of Eden of America), where it is impossible to find a native afflicted with this disease, and where we have proven beyond any doubt that more than ninety per cent. of the present victims of the plague may go and recover health. Of course the earlier they "get there" the quicker will they regain health, if they learn how to use the curativ climate.

One other thought comes to my mind: How many of the physicians know how to prescribe climate cure to their patients? I suppose not one-half of us do. I have learned that we have three general classes suffering from consumption. We have

the fibroid, the hemorrhagic and the catarrhal forms. All need pure air, and to know how to use it. The fibroid cases we have found to get best results by gradually going into high altitudes up to above 7,000 feet, and remaining there until all the air cells in the lungs are completely cured and in a normal condition for that altitude; then if they wish to return to lower altitudes, do it scientifically (commonsensely) by a gradual descent. The "bleeders" should arrange to remain pretty well up; while the catarrhal class, which embraces the large majority of cases, will do best in medium altitudes in the dry arid sections of our country.

Of course I mean in a general way and uncomplicated cases. If a patient has consumption complicated with organic heart troubles we must govern ourselves accordingly in prescribing climatic changes. One might about as well shoot a patient to death with his hypodermic "shooter" as to send him with a hepatized tubercular lung into a high altitude suddenly, especially to any place where the rivers course to the northward and the land slopes in the same direction. I have known several such sufferers to be killed that way. Such cases need to be carefully gotten into the dry air in a low altitude, say to not exceed 2,000 to 2,500 feet above sea level; then as the hepatized lung clears, go gradually higher in order to expand the air cells before they get into a chronic fibroid condition, always using the Huxley definition of science, viz., "organized and trained commonsense."

My brothers in the profession, let us band together and compel the proof of the rambling statements I have meted out to you. New Mexico has a soil in her great valleys upon which might be supported a population equal to the present population of this nation; and Arizona can do equally as well. Yours in the interest of the "lungers,"

W. P. ROBERTS, M.D.

Janesville, Wis.

"THE WORLD has helped me more than once out of the labyrinth of professional doubt and difficulty."—Dr. H. E. Adams, Harlam, Ind.

"Of all the journals I take, I first read THE WORLD. It is chuck full of good, and to the point."—O. G. Comstock, M.D., Toledo, O.

Dr. P. H. Strickland, of Lego, Tenn., sends \$1 for three binders, and says: "I think 'our' journal gets better all the time."

"I have found more useful and practical suggestions in THE WORLD than in all other journals."—T. N. Leib, M.D., San Francisco, Cal.

"Enclosed find P. O. Order for \$3. for four years' subscription to THE MEDICAL WORLD. Give her up? Never!"—Dr. G. McCoy, Utica, Mont.

Quiz Column.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Editor MEDICAL WORLD:—Will you kindly give, thru your valued journal, formulæ for "Hamlin's Wizard Oil," "Sanmetto," or a palatable preparation of santal with saw palmetto, and "Haarlem Oil?" The latter you once published, I believe, but after repeated searching among my files am unable to find it.

F. F. NETHERTON, M.D.

Clinton, Mo.

[Hamlin's Wizard Oil is reported to be made according to the following formula:

Alcohol.....	1 pint
Gum camphor.....	1 ounce
Oil sassafras.....	4 drams
Tincture myrrh.....	4 drams
Tincture capsicum.....	4 drams
Chloroform.....	4 drams

Mix, and use as directed.

You can make a nice and palatable elixir of santal and saw palmetto as follows:

Fluid extract saw palmetto.....	2 ounces
Oil sandalwood.....	1 ounce

Dissolve oil sandalwood in one ounce of alcohol and mix with the fluid extract of saw palmetto, and then add enough simple elixir to make one pint. Filter thru paper. Add four drams magnesium carbonate before filtering, and agitate thoroughly. Allow about 24 hours and then add flavoring of oil of sassafras, lemon or orange.

"Haarlem Oil" is made as follows:—

Flowers sulfur.....	2 ounces
Linseed oil.....	1 pint
Oil amber.....	2 ounces
Oil turpentine, enuf.	

Boil the sulfur and linseed oil on a gentle fire until the sulfur is dissolved, remove, and when mixture has slightly cooled, add the oil of amber and enough oil of turpentine to bring the preparation to the consistency of molasses. If care is exercised in preparation of these formulas, you will find them satisfactory.—ED.]

Editor MEDICAL WORLD:—Will you kindly give in your next issue a formula for a ten per cent. emulsion of iodoform? I enjoy reading THE WORLD very much.

Moline, Ill.

A. H. ARP, M.D.

[A satisfactory emulsion of iodoform is prepared as follows:

Iodoform 3 parts
Starch 1 part.

Triturate in a mortar till mass is smooth, and then gradually add the following mixture:

Glycerin 20 parts
Water 12 parts.

Warm gently and stir constantly until a temperature of 133° C. is reached. The resulting emulsion will be of ten per cent. strength. It should be flavored with peppermint or oil of sassafras.

Another formula (which we have not tried) is given as follows:

Iodoform 2 grams
Oil sweet almonds 8 grams
Saponin 0.12 grams
Water 100 grams.

The details of preparation are not given. The first formula will give a satisfactory emulsion if properly prepared.—ED.]

Obstinate Eczema.

Editor MEDICAL WORLD:—Two years ago I had a bad case of eczema covering head, ears and arms of a six months old baby. I treated the case two months, used all kinds of formulas with only indifferent success. The family became disgusted and tried two other M.D.'s with the same result. Then a kind neighbor told them her aunt had a child, etc., and had used only two bottles of "capillaris." The family bought three bottles and cured the case completely in three weeks. Before using, the family kept a light burning all night, as they were up with the child every hour or two each night for several months. After using "capillaris" two nights the child slept all night, and has continued to do so ever since. The scalp and skin of arms, ears, etc., healed up clean and soft in three weeks. Please publish formula of "Capillaris" in the December WORLD.

C. VERNON FOX, M.D.

Parkston, S. D.

[We regret that we are unable to give the formula of the nostrum mentioned, and feel sure that you could have cured the case yourself in the same period if you had been permitted. When you get another inveterate case of infantile eczema, use oxid of zinc ointment or oil of cade under an impervious dressing. Keep dressing on constantly and forbid the use of water, and you will be able to dis-

charge most cases in about two weeks.—ED.]

Editor MEDICAL WORLD:—Frank S., age 45, on September 23, 1901, fell backward from a building a height of eight feet, landing upon his back. He was pickt up helpless, unable to stand on his feet or use his legs, for they were totally paralyzed. He felt no pain whatever, and was perfectly conscious. Had retention of urin from this time up to few days ago; now has to void urin every hour or two. Bowels constipated and bloated. Good appetite and feels well except cannot move legs. Would like to ask what injury was done the spine in the fall, the most effective treatment, and prognosis

Pasadena, Cal. J. W. LAIRD, M.D.

[It is not possible to learn the nature of the injury from the data you give us, but it is clear that rest, massage, and electricity will do more than medicins for your patient. Keep the urin bland by such mild agents as fluid extract of saw palmetto, santal, etc.; free drinking of infusion of pumpkin or water-melon seed often acts charmingly in such cases. Get rid of constipation and gas in intestins by thoro purging with calomel and salines. Restrict the diet till results are satisfactory. Sponge the spine every four hours with pure alcohol. Each morning and night bathe back with hot water, adding brisk massage, and follow immediately with a cold water sponge. Try electricity three times daily. Keep your patient absolutely at rest; use the bed pan. Arsenic and strychnin will be useful. If careful examination reveal any point where possible fracture may have occurred, invoke surgical aid. If no osseous injury is demonstrable, you must give patient a bad prognosis, and relieve symptoms as they arise. It is certain that no drug will act directly upon the primary condition. Let us hear from him again. We are always glad to hear from WORLD readers, and a carefully written and concise history of this case might prove valuable.—ED.]

Editor MEDICAL WORLD:—Mrs. S., aged 52, mother of three children, youngest 13. Past menopause. Has been subject to headaches all her life. A migraine pill or two checks them sometimes. For a year or more has not had the natural use of the left hand and arm. If she gets very tired, the hand and arm are nearly useless;

hand trembles. At the present time feels well on first arising, but is tired after being about three or four hours. Sleeps well, appetite good, body well nourished, bowels regulated by cascara for years.

Dr. S., aged 54. Have to keep cuspidor by the side of the bed, as I expectorate from three to a dozen or twenty times during the night. On arising in the morning have cough and begin to hawk and clean out; after the throat and bronchial tubes have been emptied, there is less expectorating and cough during the balance of the day. The expectorated matter varies, sometimes being a thick, white or yellowish mass; or it may be thin, white and almost frothy. Aside from this, I am feeling well.

Now, if the Editor or any of the brethren can give diagnosis or make any suggestions that will be of value in the above cases, they will greatly oblige a brother physician and his better half.

Nebr.

DR. S.—

[We would suspect a case of chronic malnutrition from constipation or indigestion. We would change from cascara to salines for a time, and pay particular attention to the urinary function. The chances are that either heart or nerve trouble is the cause of the deficiency in the use of the arm. We would examine the heart repeatedly and carefully. Your data are not sufficient, and it is doubtful if a correct diagnosis could be made from this distance as to the exact cause of the trouble with the arm. Lithemic diathesis may be an element. After such investigations are made, write again. Case No. 2 has probably a chronic laryngitis and bronchitis. Avoid use of tobacco. Keep digestive functions working properly. Get a good small atomizer and spray the nose and throat thoroughly before retiring, and several times during the day. Try inhaling fumes of boiling vinegar. Dissolve lozenges of brown mixture in mouth frequently. We will be glad to hear from you again at any time, but would like more specific details.—Ed.]

Editor MEDICAL WORLD.—We have a girl aged 5 who has periodical attacks of indigestion, with clay colored stools. She is constipated, but the urin is normal except for some billiary coloring. She has nocturnal incontinence of urin, and odor is offensiv. Urin generally acid in reaction. Phosphate of soda and iron relieved

the anemia and constipation, but I cannot get satisfactory urin. The specific gravity is never over 1014.

Floyd, Va. M. L. DALTON, M.D.

[You have not yet secured satisfactory metabolism. Continue the phosphate of soda or substitute Rochelle salt for it. Be sure that the iron is assimilated, and that sufficient salines are given to overbalance the astringent effect of the iron. See that she is not over-fed, and that she eats slowly and masticates thoroly. Arsenic and strychnin seem to be indicated. A teaspoonful of 80 grain elixir lactated pepsin before meals will bring good digestion. Atropin will correct nocturnal incontinence of urin if there be no local cause. Examine for hooded clitoris, genital malformation, and worms. Raise foot of bed six inches every night. Give no fluids after supper. If there is vulvar irritation, insure absolute cleanliness and use some antiseptic dusting powder freely. Avoid drastic cholagoges. See that she does not ingest excessiv quantities of fluids. Basham's mixture or elixir saw palmetto and santal, together with the atropin, ought to speedily remedy the urinary trouble if you first secure metabolism and general functional activity of the digestive organs.—Ed.]

Enlarged Tonsils.

Editor MEDICAL WORLD:—I read a note in a medical journal that trichlor. ascetic acid applied a few times to enlarged tonsils with a gargle of echthol would cure them. I have been under the impression that removal with the tonsilotome was the only sure method. Have any of the readers of THE WORLD had any experience with the above, or any other good method, of curing enlarged tonsils without resorting to surgical methods? H. M. OCHILTREE, M.D.

Haddam, Kansas.

Editor MEDICAL WORLD:—I am horribly nervous. I cannot perform the most minor operation in surgery without having a tremor of the hands that makes me ashamed of myself. I am but 54 years old, and use neither coffee nor tea. I am a moderate smoker and use some liquor, but in great moderation. I sleep well, and am large and strong, with good appetite. Weight 215, height 5 feet 8½ inches. Married. Very little sexual desire. Coitus not oftener than six times a year. If called upon to write my name in public, there is

the same tremor. If I speak in public there is tremor of the voice and limbs. No paralysis and no symptoms of any. I have been this way since an attack of grip six years ago.

Tell me of some good, quick, active nerve that I can use, say within an hour or half an hour before being called upon to do anything; something that will steady me, and I will be grateful. I have used bromid of potass. and strychnin with no apparent benefit; also valerian.

RHODE ISLAND.

[We wrote the doctor that it seemed to us to be more a matter of building up the general health by hygienics, exercise, etc., rather than something to *take*; and that the only medicine that suggested itself was the comp. syr. hypophos., a teaspoonful in a wineglassful of cold water, taken in sips for several hours before an "event." What do the "brethren" say?—Ed.]

Do any of the WORLD readers know anything about injecting pure carbolic acid, followed immediately with pure alcohol, to abort gonorrhea in the male? I was told by one physician that he had used it once with a complete cure and no bad results.

J. PAUL JONES, M.D.

Foss, O. T.

Editor MEDICAL WORLD:—I wish to ask help of you or some of the many readers of THE MEDICAL WORLD. Have been treated by several of our home physicians, and received but little benefit; am now taking a patent medicine, "Swamp Root." My case is renal deficiency, I suppose; also uterin trouble. Kidneys fail to act sufficiently, urine of a very high color; have been bloating considerably for about ten months; feet and lower limbs are worse bloated of an evening; face and hands worse mornings. Have indigestion very badly; for last two weeks cannot eat anything that agrees with me, in the least; am inclined to be bilious a great deal.

Any help from you or any of the readers will be thankfully received.

THE WORLD is a welcome visitor in our home.

Texas.

PHYSICIAN'S WIFE.

[It is an old saying that "the shoemaker's wife must go bare footed." It is equally true that the physician's wife must go untreated. The neglect of the health of the families of physicians is in many cases really sad. The doctor thinks

that he can attend to that at any time, and the consequence is that it is too often never done. If he sends for a neighbor practitioner, or if he sends a member of his family to a neighbor practitioner, the doctor thus selected feels a sense of modesty that he never feels under any other circumstances, the opinion of the home doctor is deferred to, and the consequence is that but little if anything is done. Many deaths have occurred in doctors' families from sheer neglect. Doctors, you know it! And here is a poor doctor's wife driven to "Swamp Root"!!! Isn't this the worst you ever heard of? Yet this poor woman had to try to do *something* for herself. The shipwrecked mariner cried, "Water, water everywhere, but not a drop to drink." This poor woman may be surrounded by medical talent, but there is none for her, for she is a neglected doctor's wife. We have presented her case in her own simple, pathetic words. Now, brethren, what can you do for her? Of course the first step in her case is the examination of her urine. Is there a doctor in her town that will kindly do this for her? A charity case usually gets more attention than a doctor's wife or child, and a clinic case gets infinitely more attention. It is all because the husband or father doesn't "take hold," frequently because of sentimental feelings, and others are too modest to do so. The sad result is that the case is neglected.—Ed.]

Recent Books.

The "Medical Council" Physicians' Account Book. Leather case with one removable "inside," \$1; subsequent books to fit in the case, 40 cents, or three for \$1. Published by The Medical Council, 12th and Walnut streets, Philadelphia.

This is a leather case with a removable book. It "works" very successfully, and the book part can be renewed as often as desired at trifling cost. This is one of the few "legal" physicians' account books; that is, spaces are made for original entries in words, like any other account, discarding the use of signs. We notice a very clever arrangement at the bottom of each page: a form, which, when filled and signed by the patron, becomes a note. This is a distinct pecuniary advantage to the doctor. Besides the above features are the usual record for obstetric cases, vaccinations, deaths, etc., and cash account.

Practical First Principles—Simplifying the study of normal and abnormal structure and function, and aiding diagnosis. Designed for the use of students and practitioners of medicine. By A. H. P. Leuf, M.D., associate editor of The Medical Council, Philadelphia. Published by The Medical Council, Twelfth and Walnut streets. 8vo., 106 pages, nearly 50 illustrations, almost all new and original. Price, \$1.00 net.

The title describes it perfectly. It is far from being a ponderous cyclopedia, but every

medical student needs it, and most physicians will profit by its perusal. It is the fruit of extended experience in teaching and writing, and it is a credit to its author. The plan and scope of the book are both unique. It is the best primer of medicine that we have seen. The thoroughly educated physician will find it a handy method of remembering primary principles easily forgotten, and the imperfectly qualified physician will find it indispensable. The illustrations are diagrammatic. Special attention is given to histology, the point upon which most of the older practitioners are very weak. There are some valuable directions as to the use and care of the microscope. It is a book that once read will be treasured for future perusal.—A. L. R.

The Diseases of the Respiratory Organs, Acute and Chronic. Arranged in two parts and interleaved for supplemental notes. By William F. Waugh, A.M., M.D., Professor of Practice and Clinical Medicine, Illinois Medical College, etc. The Clinical Publishing Co., Chicago. 1901.

The interleaving feature will be found valuable by such physicians as study and record their experience, but would have been better if the paper had been of such quality as would have permitted the use of ink. Much valuable information is incorporated here which cannot be found in any other work extant. While binding, paper, editing, and general mechanical execution could have been greatly improved, we will say that we have here a jewel in the rough, which every physician of every school should own and study. The phraseology and the author's habits of expression are forceful and impressive. We know of no other single work which will so greatly aid the practitioner in the treatment of diseases of the respiratory organs. It is broad, complete, and thorough; embracing the tenets of all schools where the interests of the patient demands it.—A. L. R.

Sexual Hygiene. Compiled from books, articles and documents, many not heretofore published. By the Editorial Staff of the Alkaloidal Clinic. Published by The Clinic Publishing Co., Chicago, Ill. 1901. Price, \$1.00.

This is a wonderful and unique work. It claims to be only a compilation, but it reveals great discrimination in the line of editorial judgment and ability. The language is easily understood, yet couched in chaste, scientific phraseology. It tries to avoid beastly sensuality, and sees in the sexual relation something elevating and refining. It has competent articles on "Religion and Love," "Sexual Frauds," "Sexual Excess," "Legal Aspects," "Educational Aspects," "Continence," "Masturbation," "Prevention of Conception," "Married Courtship," "Restriction of Marriage," "Posture," "Artificial Fecundation," etc., and each is handled delicately, yet thoroughly. It treats of those niceties ignored by the average text book. It bridges the chasm between the holy love and the beastly passion of humankind, and sheds an honest light on the way in which they are related. Well studied by true physicians, it will create anew lost happiness and reduce the number of divorces. We commend it to every reader. If it be studied and digested, and then modified by cool and pure thought and competent judg-

ment, it must act to the benefit of humanity and the profession.—A. L. R.

Merck's 1901 Manual of the Materia Medica. A ready reference pocket book for the practicing physician and surgeon, compiled from the most recent authoritative sources, and published by Merck & Co., New York and Chicago. Price, \$1.00.

This little book has a flexible black cloth back and contains 292 pages full of valuable information, data, and prescriptions not elsewhere found. While not backward about mentioning Merck's preparations, it is vastly more than an advertisement for their goods. Every physician will find it valuable for purposes of reference or pocket use. We commend it to those of our readers who wish to familiarize themselves with what is newest and best in newer remedies.—A. L. R.

Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. By Prof. Dr. O. Haab, Director of the Eye Clinic in Zurich. From the Third Revised and Enlarged German Edition. Edited by Geo. E. de Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, \$3.00 net.

The great value of Prof. Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justified by an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important fundus changes, but in many instances, plates of the microscopic lesions are added. The whole furnishes a manual of the greatest possible service. Perhaps no better man could have been selected to edit the American edition of this work than Dr. De Schweinitz, and certainly no man could have put out the book in any better shape. The doctor already has more than a national reputation, and this will enhance his fame. We always advise every doctor to understand the eye and the technic of its therapy and minor surgery; this book fills our idea of what the general practitioner most needs to know.—A. L. R.

Essentials of the Diseases of Children. By William M. Powell, M.D. Third Edition. Thoroughly revised by Alfred Hand, Jr., M.D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12 mo., 256 pages. Philadelphia and London: W. B. Saunders & Company. Price \$1.00, net.

In this revised edition numerous additions and changes have been made in the book so that it continues to represent the present state of pediatrics. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on Infectious Diseases has been rewritten, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others, one on Infant Feeding.—A. L. R.

Essentials of Refraction and of Diseases of the Eye. By Edward Jackson, A. M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third Edition. Revised and Enlarged. 12mo., 281 pages, 82 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$1.00 net.

In this edition the work has been carefully revised and very much enlarged, the contents being more complete and more symmetrical than was possible in the earlier editions. The in-

juries to the eye by traumatism and the ocular symptoms and lesions of general diseases have now been given a consideration proportioned to the great importance they assume in the work of the general practitioner. There has been added also an account of the application of the tests of vision required in the army, navy and railway service.

This work has long since proved its usefulness to the beginner in ophthalmic work, to the student, and to the busy practitioner. Dr. Jackson, its author, is well known as a successful teacher. The entire ground is covered, and the points that most need careful elucidation are made clear and easy.—A. L. R.

American Text-Book of Physiology. Edited by William H. Howell, Ph.D., M.D., Professor of Physiology in Johns Hopkins University. Vol. II, royal octavo, of nearly 600 pages, fully illustrated. Cloth, \$3.00 net; sheep or half-morocco, \$3.75 net. Philadelphia and London: W. B. Saunders & Co., 1900.

Even in the short time that has elapsed since the first edition of this work there has been much progress in Physiology, and in this edition the book has been thoroly revised to keep pace with this progress. The result is that the American Text-Book now represents the most modern work on Physiology. Statements and theories that have been shown to be wrong or improbable have been eliminated, and the new facts discovered and the newer points of view have been incorporated. The chapter upon the Central Nervous System has been entirely rewritten in the light of the latest knowledge, with the intention of rendering this important branch of the subject suitable to the needs of students and practitioners. A section on Physical Chemistry forms a valuable addition, since these views are taking a large part in current discussions in physiological and medical literature. The first edition of this work was pronounced to be the best exposition of the present status of the science of physiology in the English language, and in its revised form the book will doubtless remain the leading work on Physiology for students and practitioners. The Subjects comprised in this volume are: Muscle and Nerves; central Nervous System; Special senses; Special Muscular Mechanism, and Reproduction.

History of Medicine. A brief outline of medical history and sects of physicians, from the earliest historic period, with an extended account of the new schools of the healing art in the nineteenth century, and especially a history of the American Eclectic Practice of Medicine never before published. By Alexander Wilder, M.D. Published by New England Eclectic Publishing Co., New Sharon, Maine, 1901. Price, \$2.75 net.

It contains 946 pages, and at this price could not be expected to be of the best in printing or mechanical execution; but it is interesting and instructive. The author has delved deeply and perfectly into every nook of sacred, secular and professional history, and has given a review of facts which must interest every physician. The work is thoro, broad and honest, and is therefore of the best of its class. No one will regret reading it, and every physician will be a better doctor for having read it.—A. L. R.

A Syllabus of New Remedies and Therapeutic Measures; With Chemistry, Physical Appearance and Therapeutic Application. By J. W. Wainwright, M.D., Member of the American Medical Association, New York State Medical Association, United States Pharmacopæia Convention, 1900; American Chemical Society, etc. Pages, 229. Price \$1.00 net. G. P. Engelhardt & Co., 336-382 Dearborn St., Chicago. 1901.

Cloth bound, and neatly printed; with uncut edges, uniform with works from this house we have reviewed previously. It deals with all late drugs and compounds, whether ethical or proprietary, and seems to present the claims of all fairly. It is thus of particular interest to the practitioner who cares to venture outside official remedies. Free references are made to current literature. It is well printed, and has been carefully edited. We have verified the statements made regarding many of the headings, and find that the author has compiled and arranged the latest knowledge in such a manner as to make it most conveniently obtainable by the general practitioner, even tho he has but a meager library.—A. L. R.

The Legal Status of Doctors. By R. C. Bayley, A.M., M.D. Published by The Lesson Leaf Publishing Co., Decatur, Ill. Price not given.

A neatly printed, cloth bound book of 168 pages, containing the authors opinions on the state medical practise laws. He takes the ground that States have no right to refuse to permit a physician to practise within their borders if he has been previously graduated in another state, and has a diploma from a recognized school. The utterances are pithy and patriotic, and worthy of perusal.—A. L. R.

Harrington's Practical Hygiene. For Students and Practitioners of Medicine and Medical Officers. By Charles Harrington, M.D., Assistant Professor of Hygiene in Harvard Medical School, Boston. In one very handsome octavo volume of 718 pages, with 105 engravings and 12 full-page plates in colors and monochrome. Cloth, \$4.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1901.

It is more than a practical hygiene; it is one of the most complete books of the kind extant. No subject one could expect to find in such a work is missing, yet the author apologizes for not including the construction of aqueducts and sewers; the nature and strength of building materials; the arrangement of hospitals; etc. This would have weakened the work. He has wasted no space on chemistry or elementary bacteriology, and he does not try to teach pathology. He notes that heavy explosions are unfit for producing rainfall. He commends the farming method of disposal of sewage, but admits that epidemics of typhoid fever have occurred from the use of vegetables from such farms improperly managed. Two pages are devoted to cremation, and four to earth burial; but the reader is not able to learn the author's preference. Vital statistics, personal hygiene, clothing, vaccination, army and navy hygiene on board ship and in the field and in quarters, quarantine laws, disinfection, light, heat, irrigation, filtration, foods, milk, and poisons have full and exhaustiv mention. It is complete, authoritativ, and in every way suited to the practitioner who, if he have this book, needs no other on hygiene. We advise its purchase by every physician.—A. L. R.

The Crime of Credulity. By Herbert N. Casson. Publish by Peter Ecklar, 35 Fulton St., New York, N. Y. Price 25c., May, 1901.

A paper backt book of 254 pages dealing especially with quackery as viewed from the intelligent layman's standpoint. The language is stern, historical references correct, and the book is one that any doctor will read with interest, and may place in his patients' hands with benefit to all concerned.—A. L. R.

In making incisions about the face, follow the natural lines and wrinkles as closely as possible, and close wound with surgeon's plaster, and thru this pass your sutures in the interrupted manner. This will often avoid scar, even in extensiv incisions.

Our Monthly Talk.

There is one thing about anarchy of the Czolgosz kind that we must recognize, and that is this: it is easy to get hold of, as soon as an attempt is made to put it in practise. In less than sixty days from the date of the act of Czolgosz, he was executed, Herr Most was sentenced to imprisonment for one year, and anarchy of the violent kind, and anarchists of the violent kind, were in disrepute in every part of the land. The act that was intended to help anarchy has proven to be the severest blow that it has ever received, from which we hope it will never recover.

The enemy from which there is real danger, however, is anarchy of the insidious kind, of which we spoke last month: that kind of anarchy works in secret; not for principles, but for unlawful gain. The wealthy and powerful corporations are largely escaping taxation in every State. As an illustration (Ohio), see "Talk" of last month, page 496. We now have the satisfaction of giving a report of another kind. The Teachers' Federation of Chicago brought suit against twenty-three public service corporations for the purpose of securing equitable taxation of corporations doing business in Cook county. The case was carried to the Supreme Court of Illinois, and that court has rendered a decision for just taxation, and against the "insidious anarchy" that has heretofore been practised in Illinois and that is now practised in Ohio, as we saw last month, and doubtless to a greater or less extent in every State in the Union. Concerning the Illinois decision the Philadelphia *Ledger* for October 28, says, editorially:

THE ILLINOIS TAX DECISION.

The tax decision of the Illinois Supreme Court on the proper and equitable method of assessing the value of public service companies is of the highest importance. In defiance of the statutes, the State Board of Equalization had for twenty years followed methods of its own for determining the assessable value of the franchises and capital stock of corporations which paid taxes on merely nominal sums. The law required the Board to find the fair cash value of the capital stock and franchises. The local tax boards first taxed the tangible property of corporations and then these figures were submitted to the State Board of Equalization, which made an estimate of the value of the capital stock, from which they subtracted the value of the tangible property, using the remainder as the assess value of fran-

chise and good will. Huge sums, represented by bonded indebtedness, were uniformly disregarded, with the result, as the Court says, that the assessment was practically no assessment or so trivial as to be in effect fraudulent. The Court rules that in finding a basis for assessing franchises and capital stock, particularly of public service corporations, the Board shall add together, on April 1 of each year, the market value, and not a vague estimate, of both capital stock and bonded indebtedness, and, after deducting from this aggregate the assessment already fixt for tangible property, shall assess the remainder like any other property. This suit was brought to enforce taxation against twenty-three public service corporations which had, under the old assessments, escaped taxation on capital stock and franchises estimated to be worth \$368,000,000. The Court ruled that the assessments on non-franchise corporations shall be determined in the same way, and the far reaching decision subjects to taxation a multitude of companies which have hitherto escaped tax burdens. No Federal point of law has been as yet raised in connection with the case, and the decision is final. The importance of the case is very great. It appears that among its very first incidental effects will be to discourage the wild inflation of corporations by "stock watering," and if the law is enforced, a large part of the tax burden will be shifted from householders and owners of real estate to the powerful corporations. There is always danger in checking progress and discouraging business by taxing unduly great business enterprises, and if such be the effect of the Court's decision, the remedy must lie with the Legislature. On the other hand, it is eminently reasonable and just that corporations which enjoy franchises, and by reason of those franchises derived from the public earn enormous dividends, should bear their fair proportion of taxation. Many persons have been inclined to believe that some great corporations or trusts have reached the point where they are beyond the reach of the public and are uncontrollable. The Illinois decision will go far to modify that notion. All corporations are subject or may be made subject to just taxation, and to investigation; and the taxing power is in the hands of the people.

The people should rise against this insidious anarchy, just as they rose against the Czolgosz anarchy. The former is the more dangerous, because it is sly and cunning; and also the most damnable, because it is done by "prominent and respectable" citizens, from whom we expect better. However, it was "eminently respectable" citizens that stole the Philadelphia gas works; and franchises of various kinds and of great value in this city and in perhaps all our large cities have been stolen by "prominent and respectable" citizens; and by cunning they have largely escaped taxation on these stolen values. Czolgosz's act gave them an opportunity to add hypocrisy to their crimes. They loudly condemned "anarchy," and were among the chief mourners for the dead President—yet at the same time guilty of a form of anarchy far more dangerous than that which they so loudly condemned. Without their kind of anarchy, insidious and hypocritical, perhaps anarchy of the violent type would not have existed—it would have had no excuse to exist.

Fellow citizens, now that Czolgosz is dead, Herr Most in prison, and their whole outfit discredited and under public condemnation, shall we stop? Shall we not continue the war on anarchy of every sort, and compel justice from all, and to all? Last month I pleaded for a patriotism more to be relied on than a patriotism born of impulse; we want a patriotism that will manifest itself in a constant year-after-year effort to serve our community, state or Nation. Our first duty is to be law-abiding citizens *ourselves*, and pay our just taxes; second, to help to maintain law and order, and to contribute to

a vigorous and effective demand that all citizens and corporations shall pay their just taxes; third, contribute in money or service to the public good, without waiting for war, panic or pestilence.

We see above what the Teachers' Federation of Chicago did for Chicago and Illinois. Are there not organizations in every city and state as patriotic as the teachers of Chicago? The Grangers in every state should take up the same subject, in the same way, and compel the railroads to pay the same rate of taxation as the farmers. Why can't the doctors be as patriotic as the teachers of Chicago? If the teachers of Chicago can do so much, why can't the Masons or Odd Fellows of other places do something in the same line? It wouldn't be "going into politics," but it would be going into *patriotism*—and that is the duty of every individual citizen, and every organization of citizens.

The following, from the lips of Mayor Johnson, of Cleveland, Ohio, will be of interest in this connection:

I would not advocate any disregard of existing rights or any confiscation of existing property. It would be no violation of existing rights for cities to use their tax powers so as to compel the present private owners to bear the same proportion of public burdens, according to the value of their property, including franchises, which owners of other kinds of private property have to bear.

It would be no violation of existing rights, where the power had not been bartered away, for the cities or the states to regulate fares and rates of compensation, so as to make them yield only a fair return on the actual investment made, rather than upon a fictitious capitalization based mainly upon franchises or special privilege values.

In short, municipalities ought not to hesitate to do what private persons in business do as a matter of course.

Every taxpayer ought to be interested in just and equal taxation, for the happiness and welfare of the people and the prosperity and safety of the state depend upon just and equal taxation. Under the existing laws and the methods of executing them in Ohio we now have farm lands assessed at 60 per cent. of their real value. The homes of the small owners of city real estate are taxed at 60 per cent. of their real value. Steam railroads are assessed at about 22 per cent. of their real value, and hence pay only about one-third of their fair share of taxes as compared with the farmers and small property owners of the state.

Street railroads and other public service corporations use the property of the people, and, by keeping up the price for service, make immense profits, but they value their property as "junk" when returning it for taxation, and so pay about one-tenth of their fair share of taxes as compared with farmers and small property owners. By reason of the fact that so much of the taxable property in the state unjustly evades taxation, the property of the honest and helpless is taxed at a much higher rate than it would be if all property was honestly assessed as the constitution of the state demands. The property of great corporations is almost untaxed, and thus the burden of taxation is not borne on all property alike, but is unjustly thrown upon the property of the farmer and small home owner.

These are not party questions. They are questions of honesty, fairness and justice, and the people will answer them right. No cause that is true can lose. This cause is true and therefore must prevail.

When I assumed the mayoralty of Cleveland I saw the strange inequalities in matters of taxation and I established a so-called tax school in the municipal building. I found that not half of the personal property and hardly any of the privileges had been appraised in Cuyahoga county.

Nearly all the real estate, however, is appraised. But little of the property I found to be taxed according to its true value in money. Some property like houses and lots, which cannot be hidden, is taxed for nearly its true value in money.

The two street railroads in this city are worth in

money \$26,410,000. The stock quotations show this. They were listed for taxation in 1901 at \$1,883,860. The city board of equalization which I appointed raised the appraisal of the two street railroad companies from \$1,883,860 to \$14,780,560. It also increased the appraisal of the two gas companies from \$827,900 to \$4,416,100. It raised the electric light company from \$250,500 to \$1,122,620.

It has added a total of \$17,896,700 of property to the tax duplicate which had always before escaped taxation and this has caused the tax commissioner to reduce the rate of taxation in the city from 8 per cent. last year to 2.67 per cent. for the year to come.

I have endeavored to compel the auditors of the state to appraise steam railroad property the same as farms and small homes are appraised, which would have added \$10,000,000 to the tax duplicate in this county and would have further reduced the tax rate, but they would give me no heed.

Some of them rode on railroad passes and said nothing; others said I was trying to make political capital. All refused to make any substantial increase in the valuation of the steam railroads above what the railroad officers themselves had appraised their own companies.

I intend to try my best to have the law amended that railroad properties shall be appraised as going concerns at their market value.

I shall require that all public service corporations, such as street railroads, gas, electric light and telephone companies, must make public report to the auditing officers of municipalities, so that the people may know the value of public franchises and the amount of money these corporations have invested.

I propose that a law be passed by which the officer who takes passes from railroads will be deemed guilty of bribery.

This is not a partisan question. It is a matter of common honesty and justice. People will vote right on this question in spite of party affiliations, when given an opportunity. This was proven in the recent election. The facts are so well given in an editorial in the Philadelphia *North American* (a Republican paper) for November 9, that I cannot do better than quote it here:

A FIGHT FOR TAX REFORM.

While the general results of this week's election in Ohio were overwhelmingly in favor of the Republicans within his own personal sphere of influence Mayor Tom L. Johnson, of Cleveland, scored a signal victory. Ever since his induction into office he has carried on an aggressive campaign for the taxation of public corporations on the same basis as private property holders. In his own city he found that the street railways and gas and electric companies, thru official negligence or corruption, had enjoyed practical exemption from taxation. To a large extent he succeeded in having matters righted on more equitable lines. Turning to the railroads of the state, he discovered an even worse state of discrimination. The State Board of Equalization and the Attorney General, however, were opposed to him and found technical grounds for refusing to disturb the corporations. The entire question of the assessment and taxation of these corporations operating under public franchises is now before the Ohio courts, where it was brought at Mayor Johnson's instance.

In the meantime Mayor Johnson determined to lay the matter of uniform taxation before the people. In spite of strenuous opposition from within his own party, he had his ideas embodied in the Democratic State platform. Even then Kilbourne, the Democratic candidate for Governor, dodged the question, and, following the lead of the Republicans, made the campaign on National issues. He was easily beaten by some 60,000 majority. Against the advice of the leaders of his party, Mayor Johnson determined to make the fight in his own way in Cleveland. His only condition was that he should not be interfered with. The Republicans, who normally control Cuyahoga county by a safe majority, nominated an excellent ticket, and the fight was made solely on Johnson's equal taxation platform. As a result the entire Democratic delegation of twelve to the Legislature was elected, only one other county in the State going Democratic.

In one sense Mayor Johnson has won a hollow victory, since his Legislative following will be in a hopeless minority. But he has demonstrated that

(Continued over next leaf.)

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VOL. XIX No. 12

Contents on Page 15

DECEMBER, 1901

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(Continued on page 20)

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Northwestern University Dental School.

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Chicago, Ill., Jan. 26, 1901.

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Fairhaven, Wash., Jan. 19, 1901.

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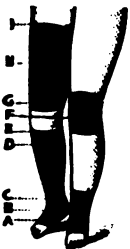


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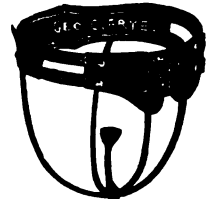
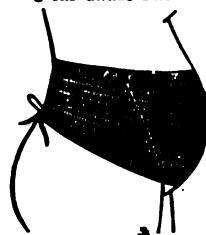
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SEE REVIEW IN THIS NUMBER, ON PAGE 528.

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CONTENTS:

EDITORIAL:	PAGE		PAGE		PAGE
Enthusiasm	497	Scarlet Fever.....	507	Hyperchlorhydria.....	516
Obesity	498	A Case of Diphtheria.....	508	Report from Dr. Ballard.....	516
The Hygiene of Typhoid Fever In Country Practice.....	499	The Cause of Puerperal Con- vulsions. A New Theory.....	509	Echoes From the Test Cases.....	516
ORIGINAL COMMUNICATIONS:		Rupture of the Perineum by the Shoulders—Tobacco Heart.....	509	Replies to Dr. Kendrick's Test Cases	516
Blindness Attributed to Wood Alcohol.....	501	Don't Deliver too Rapidly.—Ty- phoid Fever Aborted.....	510	Dr. Chapman's Case.....	519
In Puzzling Cases, Don't Forget to Consider Syphilis as a Possi- ble Cause.....	503	Chlorine Water in Typhoid.....	510	Light as a Therapeutic Agent.....	520
Fatal Bleeding From Incised Gum	504	How to Meet Mean Competition.....	511	What Shall I do With My Boy, Threatened With Tubercu- losis?.....	521
Insane Disorders of Childhood.....	504	The "Germ of Truth" in Irreg- ular Medical Cults.....	511	Climatic Cure for Consumption.....	522
Prophylaxis in the Eruptive Dis- eases.....	505	Tonsillitis.—Comparativ Statis- tics.....	512	QUIZ COLUMN:	
Scarlet Fever.....	506	Spasm of the Glottis.....	513	Obstinate Eczema.....	526
Alkaloidal Treatment for Scar- let Fever.....	506	"What's the Matter with Ken- tucky?".....	514	Enlarged Tonsils.....	527
		Treatment of Headache.....	515	RECENT BOOKS.....	528
		From an "Officialist".....	515	OUR MONTHLY TALK.....	531
		Inflammation in the Antrum.....	515	PRACTICAL POINTS.....	20

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(Continued over next page.)

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The absence of nerve tranquility can hardly be called a disease, but it is an active element in a great many diseases, and a very disturbing element, too. Try Neurilla, made by the Dad Chemical Company. See page 28.

And by all means send for a free sample of Acestoria, the local anesthetic. This is too important a subject to be allowed to go unheeded. See adv. on page 4.

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See page 32 for Bovinine adv., the original of the beef preparations.

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(Continued on next page.)

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Don't forget to carefully read Crittendon's adv. at top of page 35. It's an all-right adv. and we think you will like the preparation better than the adv.

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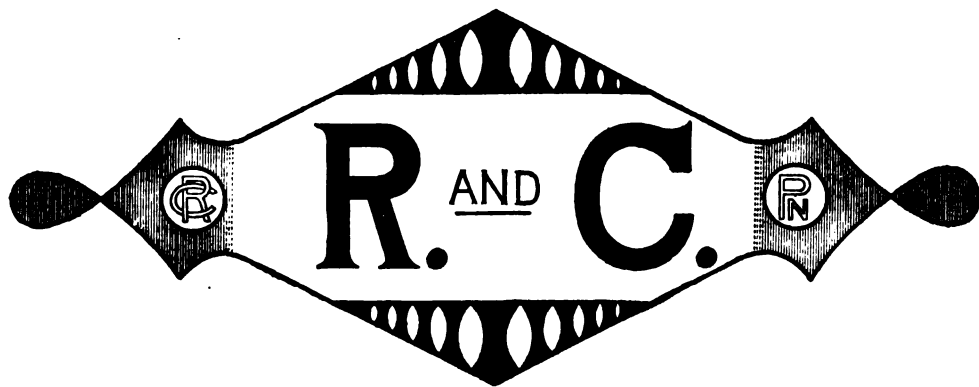
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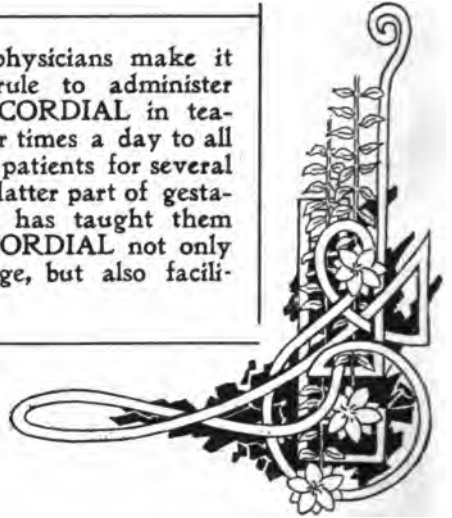


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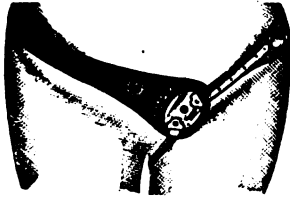
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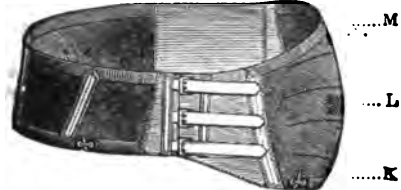
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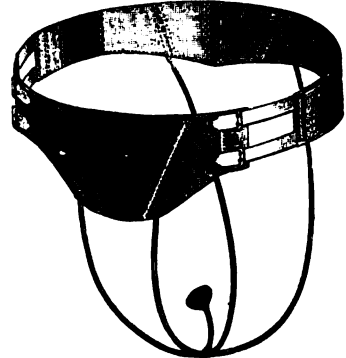
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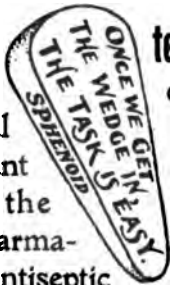
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